



ERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KANE **

ID: 969254909367

DOB: 4/1/47

ALLERGIES: DUKE, JAMES H. (T

SERVICE: TRAUMA

ALLERGIES: UNKNOWN PATIENT ALLERGIES

ALLERGIES: NO KNOWN PATIENT ALLERGIES

DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

STIC STIC-19

SEX: M

HGT: 180.34 cm

WT: 130.18 kg

BSA: 2.46 M2

GENERATED: 12-18-98 11:07pm

FOR PERIOD: 12-19-98 07:00

THROUGH: 12-20-98 06:59

ADMITTED: 12-07-98 12:22am

PAGE: 1 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
12-17 22		AMPICILLIN 2GM NACL 0.9% 100ML FREQ: Q6H INFUSE @: 100 ML/HR	(442486) 10	OC 16	04
12-24 21					
12-14 24		CEFEPIME 1GM NACL 0.9% 50ML FREQ: Q8H INFUSE @: 100 ML/HR	(430582) 03	OC 16	24
12-21 23		KEEP REFRIGERATED PROTECT FROM LIGHT			
12-16 16		GENTAMICIN 440MG NACL 0.9% 100ML FREQ: Q8H INFUSE @: 219.64 ML/HR	(436085) 08	16	24
12-23 15	M				
12-18 21		LEVOFLOXACIN 500MG/100ML B5W 500MG BASE SOLUTION 100ML FREQ: Q24 INFUSE @: 100 ML/HR	(447630)	24	
12-25 20	M	PROTECT FROM LIGHT			
2-16 12		MAGNESIUM SULFATE 50% (.5G/ML) 65MEQ NACL 0.9% 250ML FREQ: Q24 INFUSE @: 10.42 ML/HR	(435358)	** ORDER ENDS @ 12-19-98 11 *	
2-19 11		TO RUN AS CONTINUOUS INFUSION OVER 24HRS X 3 DAYS			
2-15 08		NACL 0.9% 1000ML FREQ: Q8H INFUSE @: 125 ML/HR	(431270)	16	24
1-14 07	M				
2-16 19		OMEPRAZOLE ORAL SUSPENSION 20MG SUSP PO QD SHAKE WELL	(437471)		
1-15 18	M				
2-17 18		LABELED PROMOTE OBAG LIG TF Q8 FULL STRENGTH 1000 ML READY TO HANG	(442191)	18	02
1-16 17	M	↑ per protocol goal 1100ml/hr			
2-18 19		VANCOMYCIN 2000MG DEXTROSE 5% IN WATER 250ML FREQ: Q8H INFUSE @: 125 ML/HR	(447416)	18	24
2-25 18	M			rough P 312 close.	
14		500cc Normal Saline IV for pressure bag	LIB		

LS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
		AS	Shilsum		
				M	Marinova



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KANE **

ACCT: 969254909367

24yr

MR: DUKE, JAMES H. (T

SERVICE: TRAUMA

ALLERGIES: UNKNOWN PATIENT ALLERGIES

NO KNOWN PATIENT ALLERGIES

DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

ETIC STIC-19

SEX: M

HGT: 180.34 cm

WT: 130.18 kg

BSA: 2.46 M2

GENERATED: 12-18-98 11:07pm

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ADMITTED: 12-07-98 12:22am

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-14 15 01-13 14	<i>m</i>	CHLORPROMAZINE 25MG INJ IM Q6HPRN (AVOID ALCOHOL) (429635)			
12-11 23 12-25 22	<i>m</i>	HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q3HPRN 1 - 2 TABLETS AS NEEDED (422239)			
12-13 12 01-17 11	<i>m</i>	IBUPROFEN 200MG SUSP NG QIDPRN (Take with Food) (425380)			
12-12 10 12-21 09	<i>m</i>	LORAZEPAM 2MG INJ IV Q2-4HPRN FOR AGITATION (AVOID ALCOHOL) MAY GIVE 2-4MG (422846)	1015 DS 1450 DS	(645 DS	
12-14 13 12-21 12	<i>m</i>	MORPHINE 2MG INJ IV Q2-4HPRN MAY GIVE 2-10MG (429029)	08 DS 1040 DS	1540 DS 1815 DS 2100 DS	0045 M(5) 0610 M(5)
12-14 14 01-13 13	<i>m</i>	ONDANSETRON 8MG INJ IV Q6HPRN MAY REPEAT Q15MIN IF NO RESULTS TO A MAX OF 32MG (429016)			
12-12 11 01-11 10	<i>m</i>	PROMETHAZINE 12.500MG INJ IV Q4-6HPRN FOR NAUSEA AND VOMITING (423066)			
12-12 11 1 10	<i>m</i>	TEMAZEPAM 15MG CAP PO PRN 15-30MG FOR INSOMNIA (423065)		** ORDER ENDS @ 12-19-98 10 **	

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
		<i>DS</i>	<i>Shirley Schumacher</i>		
				<i>m</i>	<i>L. Martinez</i>



SMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

ME: WILFORD, KANE **
 CT: 969254909367

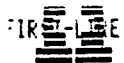
STIC STIC-19
 SEX: M
 HGT: 180.34 cm
 WT: 130.18 kg
 BSA: 2.46 M2

GENERATED: 12-20-98 12:20am
 FOR PERIOD: 12-20-98 07:00
 THROUGH: 12-21-98 06:59
 ADMITTED: 12-07-98 12:22am

DUKE, JAMES H. (T
 SERVICE: TRAUMA
 ALLERGIES: UNKNOWN PATIENT ALLERGIES
 NO KNOWN PATIENT ALLERGIES
 AGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 2 OF 2

START TOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
2-21 01	101	Benadryl 50mg IV x1			0100 AK
		===== P R N O R D E R S =====			
12-14 15 11-17 14	M	CHLORPROMAZINE 25MG INJ IM Q6HPRN (429635) (AVOID ALCOHOL)			
12-11 23 12-25 22	M	HYDROCODONE W/APAP 5MG/500MG 1TAB TID PO Q3HPRN 1 - 2 TABLETS AS NEEDED (422239)			
12-13 12 11-17 11	M	IBUPROFEN 200MG SUSP NG QIDPRN (Take with Food) (425380)	1000		
12-12 10 12-21 09	M	LORAZEPAM 2MG INJ IV Q2-4HPRN FOR AGITATION (AVOID ALCOHOL) MAY GIVE 2-4MG (422846)		** ORDER STOPS WITHIN 48 HOURS **	
12-14 13 2-21 12	M	MORPHINE 2MG INJ IV Q2-4HPRN MAY GIVE 2-10MG (429029)	10 (4) 00	** ORDER STOPS WITHIN 48 HOURS **	
2-14 14 1-13 13	M	ONDANSETRON 8MG INJ IV Q6HPRN MAY REPEAT Q15MIN IF NO RESULTS TO A MAX OF 32MG (429016)			
2-12 11 1-13 10	M	PROMETHAZINE 12.500MG INJ IV Q4-6HPRN FOR NAUSEA AND VOMITING (423066)			
LS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
		DP DeMullen		PA Paulella	
				M	L. Martinez



ERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

AME: WILFORD, KANE **
DCT: 969254909367
AGE: 4yr
DOB: DUKE, JAMES H. (T
SERVICE: TRAUMA
ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

ETIC STIC-19
SEX: M
HGT: 180.34 cm
WT: 130.18 kg
BSA: 2.46 M2

GENERATED: 12-21-98 12:30am
FOR PERIOD: 12-21-98 07:00
THROUGH: 12-22-98 06:59
ADMITTED: 12-07-98 12:22am

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-14 15 01-17 14	PJ	CHLORPROMAZINE 25MG INJ IM Q6HPRN (429635) (AVOID ALCOHOL)			
12-11 23 12-25 22	PJ	HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q3HPRN 1 - 2 TABLETS AS NEEDED (422239)			
12-13 12 01-17 11	PJ	IBUPROFEN 200MG SUSP NG QIDPRN (Take with Food) (425380)	1230 RJ		
12-20 07 12-27 06	PJ	LORAZEPAM 2MG TAB IV Q2-4HPRN FOR AGITATION (AVOID ALCOHOL) MAY GIVE 2-4MG (451031)	8 (4) RJ 13 (4) RJ	17 (4) RJ	
12-14 13 12-27 12	PJ	MORPHINE 2MG INJ IV Q2-4HPRN MAY GIVE 2-10MG (429029)	8 (10) RJ 13 (10) RJ	17 (10) RJ 21 (10) RJ	0150 JAL (10) 0520 PJ (10)
12-14 14 01-13 13	PJ	ONDANSETRON 8MG INJ IV Q6HPRN MAY REPEAT Q15MIN IF NO RESULTS TO A MAX OF 32MG (429016)			
12-12 11 12-12 11	PJ	PROMETHAZINE 12.500MG INJ IV Q4-6HPRN FOR NAUSEA AND VOMITING (423066)			

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
J	RENEE JARVIS, RN	PJ	Paulette Bellon	JA	Joe Angelica K...



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KANE **
ACCT: 969254909367
R: DUKE, JAMES H. (T
SERVICE: TRAUMA
ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

STIC STIC-19
SEX: M
HGT: 180.34 cm
WT: 130.18 kg
BSA: 2.46 M2

GENERATED: 12-21-98 12:30am
FOR PERIOD: 12-21-98 07:00
THROUGH: 12-22-98 06:59
ADMITTED: 12-07-98 12:22am

PAGE: 1 OF 2

[illegible]

LS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
1	RENEE' JARVIS, RN	RT	Pauline Miller, RN		



HERMANN HOSPITAL

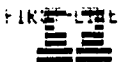
MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KARE **
ACCT: 969254909367ETIC STIC-19
SEX: M
HGT: 180.34 cm
WT: 130.18 kg
BSA: 2.46 M2GENERATED: 12-21-98 11:18pm
FOR PERIOD: 12-22-98 07:00
THROUGH: 12-23-98 06:59
ADMITTED: 12-07-98 12:22am24yr
DR: DUKE, JAMES H. CT
SERVICE: TRAUMA
ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-14 15 01-13 14	PT	CHLORPROMAZINE 25MG INJ IM Q6HPRN (AVOID ALCOHOL) (429635)			
12-11 23 12-25 22	PT	HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q3HPRN 1 - 2 TABLETS AS NEEDED (422239)			
12-13 12 01-17 11	PT	IBUPROFEN 200MG SUSP NG QIDPRN (Take with Food) (425380)			
12-20 07 12-27 06	PT	LORAZEPAM 2MG INJ IV Q2-4HPRN FOR AGITATION (AVOID ALCOHOL) MAY GIVE 2-4MG (451031)	9(4) RJ 14(4) RJ	17(4) RJ	
12-14 13 12-27 12	PT	MORPHINE 2MG INJ IV Q2-4HPRN MAY GIVE 2-10MG (429019)	9(10) RJ 14(10) RJ	17(10) RJ	01(10) JLS
12-14 14 01-13 13	PT	ONDANSETRON 8MG INJ IV Q6HPRN MAY REPEAT Q15MIN IF NO RESULTS TO A MAX OF 32MG (429016)			
12-12 11 10	PT	PROMETHAZINE 12.500MG INJ IV Q4-6HPRN FOR NAUSEA AND VOMITING (423066)			

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	Faulette Veloz	RJ	RENÉE JARVIS, RN	JLS	James H. Duke



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

PATIENT NAME: WILFORD, KANE **
CCT: 969254909367
DOB: 24yr
1: DUKE, JAMES H. (T
SERVICE: TRAUMA
ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

STIC STIC-19
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START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
12-16 16 12-27 01	PT	GENTAMICIN 440MG (436085) NACL 0.9% 100ML FREQ: Q8H INFUSE @: 219.64 ML/HR	08 RJ	16 RJ	24 PT
12-19 18 01-18 17	PT	IMPACT OBAG LIG TF Q8 5000HR READY TO HANG FULL STRENGTH 1050 LIG ↑ TO 110 cc/10 (450203)	0730 RJ	16 RJ	02 PT
12-18 21 12-25 20	PT	LEVOFLOXACIN 500MG/100ML D5W 500MG (447630) BASE SOLUTION 100ML FREQ: Q24 INFUSE @: 100 ML/HR PROTECT FROM LIGHT		21 PT	
12-22 09 01-21 08	PT	NACL 0.9% 1000ML (454703) FREQ: QD INFUSE @: 40 ML/HR RATE = TKO	1200 me		05 PT
12-18 19 01-15 18	PT	OMEPRazole ORAL SUSPENSION 20MG SUSP PO QD (437471) SHAKE WELL	09 RJ		
12-19 21 12-26 20	PT	VANCOMYCIN 2000MG (450241) DEXTROSE 5% IN WATER 250ML FREQ: Q12H INFUSE @: 125 ML/HR Q8° 12-18-98	08 RJ	16 RJ	24 PT

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
I	RENEE JARVIS, RN			PT	Paula Little Zetlorn
	M. Chaz...				



ERMANN HOSPITAL

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AME: WILFORD, KANE **
CCT: 969254909367STIC STIC-19
SEX: M
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THROUGH: 12-24-98 06:59
ADMITTED: 12-07-98 12:22amA: 24yr
DL: DUKE, JAMES H. (T
SERVICE: TRAUMA
ALLERGIES: UNKNOWN PATIENT ALLERGIES
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START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
12-16 16 12-27 01	PT	GENTAMICIN 440MG (436085) NACL 0.9% 100ML FREQ: Q8H INFUSE @: 219.64 ML/HR	089C	16	24
12-22 18 01-21 17	PT	IMPACT OBAG LIA TF Q8 (459781) 105CC/HR READY TO HANG FULL STRENGTH 110 cc/hr	108H	18	02
12-18 21 12-25 20	PT	LEVOFLOXACIN 500MG/100ML D5W 500MG (447630) BASE SOLUTION 100ML FREQ: Q24 INFUSE @: 100 ML/HR PROTECT FROM LIGHT	Renewed 7/23	21	
12-22 09 01-21 08	PT	NACL 0.9% 1000ML (454703) FREQ: QD INFUSE @: 48 ML/HR RATE = TKO	09		05
12-16 19 01-15 18	PT	OMEPRazole ORAL SUSPENSION 20MG SUSP PO QD (437471) SHAKE WELL	089C		
12-22 08 12-29 07	PT	VANCOMYCIN 2000MG (456775) DEXTRROSE 5% IN WATER 250ML FREQ: Q8H INFUSE @: 125 ML/HR	089C	16	24
2/23	QC	diclofenate Na 100mg DHT Q12 ^h			

TIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
7	Paulette Wilton	81	St. Charles		



RMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

ME: WILFORD, KANE **
CT: 969254909367STIC STIC-19
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FOR PERIOD: 12-23-98 07:00
THROUGH: 12-24-98 06:59
ADMITTED: 12-07-98 12:22am

F: JUNE, JAMES H. (T

SERVICE: TRAUMA

ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES

AGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 2 OF 2

TART TOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0			
23	8/L	Dulcolax Supp PRN QD ===== PRN ORDERS =====						
2-14 15	PJ	CHLORPROMAZINE 25MG INJ IM Q6HPRN (AVOID ALCOHOL) (429635)						
1-12 14								
2-11 23	PJ	HYDROCODONE W/AFAP 5MG/500MG 1TAB TAB PO Q3HPRN 1 - 2 TABLETS AS NEEDED (422239)						
2-25 22		Renewed 12/23						
2-13 12	PJ	IBUPROFEN 200MG SUSP NG QIDPRN (Take with Food) (425380)						
1-17 11								
2-20 07	PJ	LORAZEPAM 2MG INJ IV Q2-4HPRN FOR AGITATION (451031) (AVOID ALCOHOL) MAY GIVE 2-4MG						
2-27 06								
2-14 13	PJ	MORPHINE 2MG INJ IV Q2-4HPRN MAY GIVE 2-10MG (429029)	0800 12/23/98					
2-27 12								
2-14 14	PJ	ONDANSETRON 8MG INJ IV Q6HPRN MAY REPEAT Q15MIN IF NO RESULTS TO A MAX OF 32MG (429016)						
1-13 13								
2-12 11	PJ	PROMETHAZINE 12.500MG INJ IV Q4-6HPRN FOR NAUSEA AND VOMITING (423066)						
1- 0								
ALS	NAME & PROFESSIONAL TITLE		INITIALS	NAME & PROFESSIONAL TITLE		INITIALS	NAME & PROFESSIONAL TITLE	
	Paula L. Kelle M		8/L	Stanley				

MEDICATION ADMINISTRATION RECORD

01100 NKA

Page 1 of 2

BM Age 24y DOB 05/14/74

BM Age 24y DOB 03/21/74
Visit/Admit Dt 12/07/98

For 12/23/98

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	BIPIN PATEL RN.



ERMAH HOSPITAL

MEDICATION ADMINISTRATION RECORD

AME:
DCT:

96 92549 0 9367

WILFORD, KANE **

BM Age 24y DOB 05/14/74

Visit/Admit Dt 12/07/98

Alleg:

Page 2 of 2

For 12/23/98

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY			
		PRN			
12/23/98		Chlorpromazine 25 mg 1M q 6h - PRN			
12/23/98		Urokinase - 11 tubes P.O. q 3h PRN.		1705 H 3h	0045 (2) GR
12/23/98		Doxypren 200 mg P.O. q 6h PRN.			
12/23/98		M304 - 2 mg IV q 3h - PRN Anxiety pain not alleviated by Urokinase		1530S 2/1085	0535 2/3
12/23/98		Rheumigan 25 mg IV q 6h PRN / N-V.			1530S dx
12/23/98		Tylenal 650 mg PO/PR q 6h PRN - HA or Temp > 101.5			
12/23/98		Afrin Nasal spray + Saline Nasal spray PRN/congestion			

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
		DS	Herold, C. M. C.	Be	BIPIN PATEL, R.N.

HOSPITAL

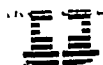
MEDICATION ADMINISTRATION RECORD

ME: WILFORD, KANE **
CT: 969254909367SIMU SIMU-06
SEX: M
HGT: 180.34 cm
WT: 136.07 kg
BSA: 2.51 M2GENERATED: 12-24-98 11:20pm
FOR PERIOD: 12-25-98 07:00
THROUGH: 12-26-98 06:59
ADMITTED: 12-07-98 12:22amJE:
JC: DUKE, JAMES H. (T
SERVICE: TRAUMAALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-23 15 01-22 14	BS	ACETAMINOPHEN 650MG TAB PO Q6HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (463757)			
12-23 15 01-22 14	BS	ACETAMINOPHEN 650MG SUPP PR Q6HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (463754)			
12-23 15 01-22 14	BS	CHLORPROMAZINE 25MG INJ IM Q6HPRN (AVOID ALCOHOL) (463731)			
12-23 15 12-30 14	BS	HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q3HPRN 1 - 2 TABLETS AS NEEDED FOR PAIN (463741)			
12-23 15 01-22 14	BS	IBUPROFEN 200MG CAPLET/ PKG=24 200MG CPL PO Q6HPRN (Take with Food) (463745)			
12-23 15 12-30 14	BS	MORPHINE 2MG INJ IV Q3HPRN FOR SEVERE PAIN IF NOT RELIEVED BY VICODIN (463751) 1200 P3			
12-23 15 01-22 14	BS	OXYMETAZOLINE 1SPRY NASOL IN PRN =AFRIN NASAL SPRAY (463760)			
12-23 15 01-22 14	BS	PROMETHAZINE 25MG INJ IV Q6HPRN FOR NAUSEA AND VOMITING (463753)			
12-23 15 01-22 14	BS	SODIUM CHLORIDE 1APPL NASOL IN PRN FOR INHALATION ONLY (463761)			

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	Gerardo Muecke	BS	Pat Bryan		



RMANN HOSPITAL

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ME: WILFORD, KANE **
 CT: 969254909367
 SET: 24yr
 DOB: DUKE, JAMES H. (T
 TRAUMA
 ALLERGIES: UNKNOWN PATIENT ALLERGIES
 NO KNOWN PATIENT ALLERGIES
 DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

SIMU SIMU-06
 SEX: M
 HGT: 180.34 cm
 WT: 130.18 kg
 BSA: 2.46 M2

GENERATED: 12-23-98 11:05pm
 FOR PERIOD: 12-24-98 07:00
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PAGE: 2 OF 2

TART STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-23-15 01-22-14	OD	ACETAMINOPHEN 650MG TAB PO Q6HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (463737)			
12-23-15 01-22-14	OD	ACETAMINOPHEN 650MG SUPP PR Q6HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (463734)			
12-23-15 01-22-14	OD	CHLORPROMAZINE 25MG INJ IM Q6HPRN (AVOID ALCOHOL) (463731)			
12-23-15 12-30-14	OD	HYDROCODONE W/HP 5MG/500MG 1TAB TAB PO Q3HPRN 1 - 2 TABLETS AS NEEDED FOR PAIN (463741)		2200 00	
12-23-15 01-22-14	OD	IBUPROFEN 200MG CAPLET PKG=24 200MG CPL PO Q6HPRN (Take with Food) (463745)			
12-23-15 12-30-14	OD	MORPHINE 2MG INJ IV Q3HPRN FOR SEVERE PAIN IF NOT RELIEVED BY VICODIN (463751)	11.00 B3 2nd	1550 00	0405 00
12-23-15 01-22-14	OD	OXYMETAZOLINE 0.05% NASOL IN PRN =AFFIN NASAL SPRAY (463760)			
12-23-15 01-22-14	OD	PROMETHAZINE 25MG INJ IV Q6HPRN FOR NAUSEA AND VOMITING (463753)			
12-23-15 01-22-14	OD	SODIUM CHLORIDE 100% NASOL IN PRN FOR INHALATION ONLY (463761)			
ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	Sherrill Allen	PA	Pat Bryant	MD	Sherry Waller



IMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

IE:
IT:

06 92549 0 9367

WILFORD, KANE **

BM Age 24y DOB 05/14/74

Visit/Admit Dt 12/07/98

ART TOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY			
1/48 qd		Tylenol 650mg q40 PRN HA / OK T > 101 PO			
5/48 qd		MSO4 2mg q30 PRN Severe Pain IV			0130 Re
5/48 qd		Vicodin 1-2 q40 PRN Pain PO		2000 PO	
25/48 qd		Phenergan 12.5-25mg q40 PRN NIV IV			0130 Re
ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
1.	Gwen Sevel US	Re	RJR US		



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME:
ICCT**96 92549 0 9367**

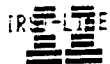
WILFORD, KANE **

BM Age 24y DOB 05/14/74

Visit/Admit Dt 12/07/98

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY			
12/14/98		D5 1/2 NS E 20 mg KCE 1e @ 30cc/hr			
12/14/98		Gent 440 mg 880 10PB			24 RO
12/14/98		Levo Floxin 500 mg 8240 10PB			24 RO
12/14/98		Vancomycin 2gm 880 10PB			24 RO
12/14/98		Omeprazole ORAL sup 20mg 8240 PO			24 RO
12/14/98		Colace 100 mg 810 PO			
12/14/98		Promote @ 85cc via FT		7	0120 RO
12/14/98		Alb 2.5 mg E 3cc NS 860 PRN			

INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
J. Green	Surgeon			RO	Prn



IRMANH HOSPITAL

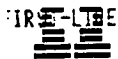
MEDICATION ADMINISTRATION RECORD

PATIENT: WILFORD, KANE **
CT: 969254909367DOB: 0553-00
SEX: M
HT: 180.34 cm
WT: 136.07 kg
BSA: 2.51 M2GENERATED: 12-25-98 11:26pm
FOR PERIOD: 12-26-98 07:00
THROUGH: 12-27-98 06:59
ADMITTED: 12-07-98 12:22amSERVICE: TRAUMA
ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES

DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-23 15 01-22 14	RL	ACETAMINOPHEN 650MG TAB PO Q6HPRN (463757) FOR HEADACHE FOR TEMP. OVER 101.5 F			
12-23 15 01-22 14	RL	ACETAMINOPHEN 650MG SUPP PR Q6HPRN (463754) FOR HEADACHE FOR TEMP. OVER 101.5 F			
12-23 15 01-22 14	RL	CHLORPROMAZINE 25MG INJ IM Q6HPRN (463731) (AVOID ALCOHOL) <i>Dis to Phenygan 125-25mg 11/94pm</i>			
12-23 15 12-30 14	RL	HYDROCODONE W/AFAP 5MG/500MG 1TAB TAB PO Q3HPRN (463741) 1 - 2 TABLETS AS NEEDED FOR PAIN	<i>1045STT 7/5</i>	<i>1645STT 7/5 mg 2110</i>	<i>mg 0305</i>
12-23 15 01-22 14	RL	IBUPROFEN 200MG CAPLET/ PKG=24 200MG CPL PO Q6HPRN (463745) (Take with Food)			
12-23 15 12-30 14	RL	MORPHINE 2MG INJ IV Q3HPRN (463751) FOR SEVERE PAIN IF NOT RELIEVED BY VICODIN			<i>mg 0110</i>
12-23 15 01-22 14	RL	OXYMETAZOLINE 15ERY NASOL IN PRN (463760) =AFAPIN NASAL SPRAY			
12-23 15 01-22 14	RL	PROMETHAZINE 25MG INJ IV Q6HPRN (463753) FOR NAUSEA AND VOMITING			
12-23 15 01-22 14	RL	SODIUM CHLORIDE 1APPL NASOL IN PRN (463761) FOR INHALATION ONLY			
CLS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	<i>Rp O. ...</i>			<i>7/5</i>	<i>Lesley Slays ...</i>
				<i>mg</i>	<i>Maria Thompson</i>



ERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KANE **
 DOB: 969254909367

DOB: 0553-00
 SEX: M
 HT: 180.34 cm
 WT: 136.07 kg
 BSA: 2.51 M2

GENERATED: 12-25-98 11:26pm
 FOP PERIOD: 12-26-98 07:00
 THROUGH: 12-27-98 06:59
 ADMITTED: 12-07-98 12:22am

AGE: 24yr
 SERVICE: TRAUMA
 ALLERGIES: UNKNOWN PATIENT ALLERGIES
 NO KNOWN PATIENT ALLERGIES
 DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 1 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
12-16 16 12-30 15	RL	GENTAMICIN 440MG (436085) NACL 0.9% 100ML FREQ: Q8H INFUSE @: 219.64 ML/HR KEEP REFRIGERATED	08 fs	16	24 mg
12-18 21 12-30 20	RL	LEVOFLOXACIN 500MG/100ML D5W 500MG (447630) BASE SOLUTION 100ML FREQ: Q24 INFUSE @: 100 ML/HR PROTECT FROM LIGHT DO NOT REFRIGERATE		21 mg	
12-23 16 01-22 15	RL	NACL 0.9% 100ML (463721) FREQ: Q24 INFUSE @: 20 ML/HR FLOORSTOCK ITEM		16	
12-16 19 01-22 18	RL	OMEPRazole ORAL SUSPENSION 20MG SUSP PO QD (437471) SHAKE WELL KEEP REFRIGERATED	09 fs		
12-24 18 01-23 17	RL	PROMOTE OBAG LIG TF Q8 (468764) FULL STRENGTH Q5CC/HR READY TO HANG	10	18	02 mg Infusing
12-22 08 12-30 07	RL	VANCOMYCIN 2000MG (456775) DEXTROSE 5% IN WATER 250ML FREQ: Q8H INFUSE @: 125 ML/HR KEEP REFRIGERATED	09 fs	16 17 fs	24 mg
2/24	RL	D5 1/2 NS @ 30 KCL @ TRU		17 2000	
2/26	RL	Albuterol 2.5mg @ 3cc NS q6 ^h pm			
2/26	RL	Colace 100mg po BID		17 fs	

INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
RL	RFC Brown	fs	Jeremy Serrano	mg	Marie Thompson



IRMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KANE **
ID: 969254909367
DOB: 11-22-14
DUKE, JAMES H. (T)
SERVICE: TRAUMA
ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

QFTR J553-00
SEX: M
HGT: 180.34 cm
WT: 136.07 kg
BSA: 2.51 M2

GENERATED: 12-26-98 10:58pm
FOR PERIOD: 12-27-98 07:00
THROUGH: 12-28-98 06:59
ADMITTED: 12-07-98 12:22am

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-23 15 11-22 14	WJ	ACETAMINOPHEN 650MG TAB PO Q6HPRN $\bar{5}$ 4hrs (463757) FOR HEADACHE FOR TEMP. OVER 101.5 F			
12-23 15 11-22 14	WJ	ACETAMINOPHEN 650MG SUPP PR Q6HPRN $\bar{5}$ 4hrs (463754) FOR HEADACHE FOR TEMP. OVER 101.5 F			
12-26 13 12-29 12	WJ	ALBUTEROL 2.50MG INSO IH Q6HPRN \bar{c} 2c 15 (472767)			
12-23 15 12-30 14	WJ	HYDROCODONE W/HAPAP 5MG/500MG 1TAB TAB PO Q6HPRN $\bar{5}$ 4hrs (463741) 1 - 2 TABLETS AS NEEDED FOR PAIN			
12-23 15 11-22 14	WJ	IBUPROFEN 200MG CAPLET/ PKG=24 200MG CPL PO Q6HPRN (463745) (Take with Food)) not re-ordered		
12-23 15 12-30 14	WJ	MORPHINE 2MG INJ IV Q3HPRN (463751) FOR SEVERE PAIN IF NOT RELIEVED BY VICODIN			
12-23 15 11-22 14	WJ	OXYMETAZOLINE 100RY NASOL IN PRN (463760) =AFRIN NASAL SPRAY) not re-ordered		
12-23 15 11-22 14	WJ	PROMETHAZINE 25MG INJ IV Q6HPRN $\bar{5}$ 4hrs (463753) FOR NAUSEA AND VOMITING 25 - 25mg			
12-23 15 11-22 14	WJ	SODIUM CHLORIDE 1APPL NASOL IN PRN (463761) FOR INHALATION ONLY) not re-ordered		

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	Marie Thompson				



RMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

ME: WILFORD, KANE **
CT: 969254909367OATR J553-00
SEX: M
HT: 180.34 cm
WT: 136.07 kg
BSA: 2.51 M²GENERATED: 12-26-98 10:58pm
FOR PERIOD: 12-27-98 07:00
THROUGH: 12-28-98 06:59
ADMITTED: 12-07-98 12:22amJF: 4yr
DL: DUKE, JAMES H. (T
SERVICE: TRAUMAALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES

DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 1 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
12-26 17		DOCUSATE SODIUM 100MG CAP PO BID (472769)	09 9	17 9	
01-25 16	WJ				
12-16 16		GENTAMICIN 440MG 100ML (436085) HACL 0.9% FREQ: Q8H INFUSE @: 219.64 ML/HR KEEP REFRIGERATED	08 9	16 9	24 WJ
12-30 15	WJ				
12-18 21		LEVOFLOXACIN 500MG/100ML D5W 500MG 100ML (447630) BASE SOLUTION FREQ: Q24 INFUSE @: 100 ML/HR PROTECT FROM LIGHT DO NOT REFRIGERATE		21 WJ	
12-30 20	WJ				
12-16 19		OMEPRAZOLE ORAL SUSPENSION 20MG SUSP PO QD (437471) SHAKE WELL KEEP REFRIGERATED	09 9		
01-22 18	WJ				
12-24 18		PROMOTE OBAG LIG TF Q8 (468764) FULL STRENGTH 95CC/HR READY TO HANG from 7PM - 7AM	10	10 9 WJ	02
01-23 17	WJ				
12-22 08		VANCOMYCIN 2000MG 250ML (456775) DEXTROSE 5% IN WATER FREQ: Q8H INFUSE @: 125 ML/HR KEEP REFRIGERATED	08 9	16 9	24 WJ
12-30 07	WJ				
12-26 16	WJ	Ds 1/2 NS @ 20mg KCl 30cc/hr.		WJ x1000	
12-26 16	WJ	Albutrol 2.5mg @ 30cc NS @ 60ppm			

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
WJ	Marie Thompson	WJ	Charles G. G. G.		



MANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

PATIENT: WILFORD, KANE **
MRN: 969254909367DOB: 05-23-53
SEX: M
HT: 180.34 cm
WT: 136.07 kg
BSA: 2.51 M2GENERATED: 12-27-98 10:47pm
FOR PERIOD: 12-28-98 07:00
THROUGH: 12-29-98 06:59
ADMITTED: 12-07-98 12:22amAGE: 24yr
ICD: 86.01
TRAUMAALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
AGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 2 OF 2

START /TOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-27-07		ACETAMINOPHEN 650MG SUPP PR Q4HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (473842)			
11-26-06	by				
12-27-07		ACETAMINOPHEN 650MG TAB PO Q4HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (473841)		1730KL	
11-26-06	by				
12-26-13		ALBUTEROL 2.50MG IN30 IN Q6HPRN E 34 NS (472767)		** ORDER STOPS WITHIN 46 HOURS **	
12-29-12	by				
12-27-08		HYDROCODONE H/APAP 5MG/500MG 1TAB TAB PO Q4HPRN 1 - 2 TABLETS AS NEEDED FOR PAIN (473843)			OSPRN (2)
11-03-07	by				
12-23-15		MORPHINE 2MG IN3 IV Q3HPRN FOR SEVERE PAIN IF NOT RELIEVED BY VICODIN (463751)	0950KL		
12-30-14	by				
12-27-06		PROMETHAZINE 25MG IN3 IV Q4HPRN FOR NAUSEA AND VOMITING 12.5-25MG (473844)			
11-26-07	by				
12-23-15		SODIUM CHLORIDE 0.9% NASOL IN PRN FOR INHALATION ONLY (463761)			
11-26-07	by		not m-ordered		
ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	Maria Tampana M	RL	Richard Allen, MD	RL	Lawrence, RN

MEDICATION ADMINISTRATION RECORD

GENERATED: 12-27-98 10:47pm
FOR PERIOD: 12-28-98 07:00
THROUGH: 12-29-98 06:59
ADMITTED: 12-07-98 12:22am

ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 1 OF 2

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
T	Maria J. Thompson, M	MT	Rita K. Kallala, M	RK	Kim Lawrence, M

HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KANE **
 ACCT: 969254909367
 AGE: 24yr
 SEX: M
 HT: 180.34 cm
 WT: 136.07 kg
 BSA: 2.51 M2
 DATE: 12-28-98 10:50pm
 FOR PERIOD: 12-29-98 07:00
 THROUGH: 12-30-98 06:59
 ADMITTED: 12-07-98 12:22am
 S. I. DUKE, JAMES H. (T
 SE: TRAUMA
 ALLERGIES: UNKNOWN PATIENT ALLERGIES
 NO KNOWN PATIENT ALLERGIES
 DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-07 01-26 06	✓ AK	ACETAMINOPHEN 650MG SUPP PR Q4HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (473842)		1555KZ	
12-27 07 01-26 06	✓ AK	ACETAMINOPHEN 650MG TAB PO Q4HPRN FOR HEADACHE FOR TEMP. OVER 101.5 F (473841)			
12-26 13 12-29 12	✓ AK	ALBUTEROL 2.50MG INSO IH Q6HPRN (472767)		** ORDER ENDS @ 12-29-98 12 **	
12-27 08 01-03 07	✓ AK	HYDROCODONE W/HAPAP 5MG/2500MG 1TAB TAB PO Q4HPRN 1 - 2 TABLETS AS NEEDED FOR PAIN (473843)			
12-23 15 12-30 14	✓ AK	MORPHINE 2MG INJ IV Q4HPRN FOR SEVERE PAIN IF NOT RELIEVED BY VICODIN (463751)	17514	** ORDER STOPS WITHIN 48 HOURS **	2310 Re
12-27 08 07 07	✓ AK	PROMETHAZINE 25MG INJ IV Q4HPRN FOR NAUSEA AND VOMITING 12.5-25MG (473844)			2310 Re

IALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
1	Rida Huseini, MD	SH	U. Henderson, MD	PH	U. Henderson, MD
		Re	Ryan Brown, MD		



HIMM HOSPITAL

MEDICATION ADMINISTRATION RECORD

IE: WILFORD, KANE **
 ID: 969254909367
 DATE: 12-27-98
 TIME: 12:40
 NAME: DUKE, JAMES H. (T
 DEPT: TRAUMA
 ALLERGIES: UNKNOWN PATIENT ALLERGIES
 NO KNOWN PATIENT ALLERGIES
 DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

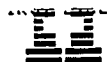
CPT: J553-00
 SEX: M
 AGE: 180.34 cm
 WT: 136.07 kg
 BSA: 2.51 M2

GENERATED: 12-28-98 10:50pm
 FOR PERIOD: 12-29-98 07:00
 THROUGH: 12-30-98 06:59
 ADMITTED: 12-07-98 12:22am

PAGE: 1 OF 2

ART	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
2-27 09		DEXTRASE 5%-NACL 0.45%-KCL 20MEQ 1000ML FREQ: QD INFUSE @: 30 ML/HR (473840)	09		
2-26 08		HL			
2-26 17		DOCUSATE SODIUM 100MG CAP PO BID (472789)	09 SH	17 SH	
2-25 16	RM				
2-16 16		GENTAMICIN 440MG NACL 0.9% 100ML FREQ: Q8H INFUSE @: 219.64 ML/HR KEEP REFRIGERATED (436085)	08 SH	** ORDER STOPS WITHIN 48 HOUR 16	24
2-30 15	RM	D/C 12-29-98			
2-18 21		LEVOFLOXACIN 500MG/100ML D5W 500MG 100ML BASE SOLUTION FREQ: Q24 INFUSE @: 100 ML/HR PROTECT FROM LIGHT DO NOT REFRIGERATE (447630)		** ORDER STOPS WITHIN 48 HOUR 21	
2-30 20	RM	D/C 12-29-98			
2-22 18		OMEPRazole ORAL SUSPENSION 20MG SUSP PO QD (437471) SHAKE WELL KEEP REFRIGERATED	09 SH		
2-24 18		PROBATE ORAL LIQ 100 TF 98 (468784) FULL STRENGTH 85CC/HR READY TO HANG	10	18	02
2-22 08		VANCOMYCIN 2000MG 250ML DEXTRASE 5% IN WATER FREQ: Q8H INFUSE @: 125 ML/HR KEEP REFRIGERATED (456775)	08 SH	** ORDER STOPS WITHIN 48 HOUR 16	24
2-30 07	RM	D/C 12-29-98			
2-30 07	RM	Org A & P shift	09 SH	21 K	

ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	Deborah Paul	SN	Deborah Paul	SN	Deborah Paul



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WILFORD, KANE **

ID: 969254909367

AGE: 24yr

DOB: DUKE, JAMES H. (T

E: TRAUMA

ALLERGIES: UNKNOWN PATIENT ALLERGIES

NO KNOWN PATIENT ALLERGIES

DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

QSTR J553-00

SEX: M

HGT: 180.34 cm

WT: 136.07 kg

BSA: 2.51 M2

GENERATED: 12-29-98 11:25pm

FOR PERIOD: 12-30-98 07:00

THROUGH: 12-31-98 06:59

ADMITTED: 12-07-98 12:22am

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
12-27 07		ACETAMINOPHEN 650MG SUPP PR Q4HPRN (473842)			
01-26 06	RL	FOR HEADACHE FOR TEMP. OVER 101.5 F			
12-27 07		ACETAMINOPHEN 650MG TAB PO Q4HPRN (473841)			
01-26 06	RL	FOR HEADACHE FOR TEMP. OVER 101.5 F			
12-27 08		HYDROCODONE W/HEP 5MG/500MG 1TAB TAB PO Q4HPRN (473843)			
01-03 07	RL	1 - 2 TABLETS AS NEEDED FOR PAIN	315 P3 TI 1430 TI	200 TI EFN	0330
12-23 15		MORPHINE 2MG INJ IV Q3HPRN (463751)			
12-30 14	RL	FOR SEVERE PAIN IF NOT RELIEVED BY VICODIN		** ORDER ENDS @ 12-30-98 14 **	
12-27 08		PROFETHAZINE 25MG INJ IV Q4HPRN (473844)			
01 7	RL	FOR NAUSEA AND VOMITING 12.5-25MG			

IALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
36	Rgn Brown	Rgn	Rgn	Rgn	Rgn



MEDICATION ADMINISTRATION RECORD

GENERATED: 12-29-98 11:25pm
FOR PERIOD: 12-30-98 07:00
THROUGH: 12-31-98 06:59
ADMITTED: 12-07-98 12:22am

ALLERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
DIAGNOSIS: WOUND OPEN/UNSPEC COMPL

PAGE: 1 OF 2

[illegible]



MANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

ME: WILFORD, KANE **
CT: 969254909367
E: [illegible]
C: DUKE, JAMES H. (T
RVIC: TRAUMA
LERGIES: UNKNOWN PATIENT ALLERGIES
NO KNOWN PATIENT ALLERGIES
AGNOSIS: WOUND OPEN/UNSPEC COMPL

GETR J553-00
SEX: M
HGT: 180.34 cm
WT: 136.07 kg
BSA: 2.51 M2

GENERATED: 12-30-98 11:15pm
FOR PERIOD: 12-31-98 07:00
THROUGH: 01-01-99 06:59
ADMITTED: 12-07-98 12:22am

PAGE: 1 OF 1

PART TOP	RECONCILE/INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
2-26 17		DOCUSATE SODIUM 100MG CAP PO BID (472769)	09 <i>JS</i>	17 <i>JS</i>	
1-25 16	<i>JS</i>				
2-16 19		OMEPRAZOLE ORAL SUSPENSION 20MG SUSP PO QD (437471) SHAKE WELL KEEP REFRIGERATED	09 <i>JS</i>		
1-22 18	<i>JS</i>				
2-24 18		PROMOTE OBAG L10 TF Q8 (468744) FULL STRENGTH 85CC/HR READY TO HANG	10 <i>DEP</i>	18	02
1-23 17	<i>JS</i>				
		===== P R N O R D E R S =====			
2-27 07		ACETAMINOPHEN 650MG SUPP PR Q4HPRN (473842) FOR HEADACHE FOR TEMP. OVER 101.5 F			
1-26 06	<i>JS</i>				
2-27 07		ACETAMINOPHEN 650MG TAB PO Q4HPRN (473841) FOR HEADACHE FOR TEMP. OVER 101.5 F			
1-26 06	<i>JS</i>				
2-27 08		HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q4HPRN (473843) 1 - 2 TABLETS AS NEEDED FOR PAIN	0950 <i>JS</i> 1430 <i>JS</i>		
1-03 07	<i>JS</i>				
2-27 08		PROMETHAZINE 25MG INJ IV Q4HPRN (473844) FOR NAUSEA AND VOMITING 12.5-25MG			
1-	<i>JS</i>				
ALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
	<i>James H. Duke</i>			<i>JS</i>	<i>James H. Duke</i>

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**EXPEDITE REPORT****GENERAL CHEMISTRY**

12/25/98

2317

SODIUM	134*
POTASSIUM	4.3
CHLORIDE	99
CO2	31
CREATININE	0.8
BUN	17
GLUCOSE	145*

REFERENCE:	UNITS:
[135-145]	MEQ/L
[3.5-5.0]	MEQ/L
[95-109]	MEQ/L
[24-32]	MEQ/L
[0.5-1.4]	MG/DL
[10-20]	MG/DL
[65-110]	MG/DL

Legend:

*= Out of Ref. Range

Printed Date/Time

12/25/1998 2345

EXPEDITE REPORT

Page:

1

End of Report

**DYNACARE HERMANN
Laboratory Services****6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227**

Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **ORTR J553 00**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

M Y C O L O G Y (F U N G U S)

FUNGUS CULTURE W/SMEAR
SOURCE: BODY FLUID, OTHER
ABSCCESS

ACCESSION # 98-349-4335

COLLECTED: 15DEC98 2328
RECEIVED: 15DEC98 2328

----- STAINS/PREPARATIONS -----

FUNGAL SMEAR

12/16/98 1345

NO YEAST OR FUNGAL ELEMENTS SEEN

----- PRELIMINARY REPORT -----

12/29/98 1127

NO FUNGUS ISOLATED AFTER 2 WEEKS

Printed Date/Time

12/29/1998 2141

SPLIT-CUMULATIVE

1

Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

P E N D I N G O R D E R S

2/15/98 2328 FUNGUS CULTURE W/SMEAR 98-349-4335 PRELIM

Printed Date/Time

12/29/1998 2141

SPLIT-CUMULATIVE

2

Discharge Date:

End of Report

PENDING

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **ORTR J553 00**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

M Y C O L O G Y (F U N G U S)

FUNGUS CULTURE W/SMEAR
SOURCE: BODY FLUID, OTHER
ABSCESS

ACCESSION # 98-349-4335

COLLECTED: 15DEC98 2328
RECEIVED: 15DEC98 2328

----- STAINS/PREPARATIONS -----

FUNGAL SMEAR 12/16/98 1345
NO YEAST OR FUNGAL ELEMENTS SEEN

----- PRELIMINARY REPORT -----

12/29/98 1127
NO FUNGUS ISOLATED AFTER 2 WEEKS

Printed Date/Time

12/29/1998 1234

CUMULATIVE-INTERIM

1

Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

P E N D I N G O R D E R S

12/15/98	2328	FUNGUS CULTURE W/SMEAR	98-349-4335	PRELIM
----------	------	------------------------	-------------	--------

Printed Date/Time 12/29/1998 1234

Discharge Date:

CUMULATIVE-INTERIM

End of Report

PENDING

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

J 553

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

EXPEDITE REPORT

GENERAL CHEMISTRY

12/27/98
1147

SODIUM	134*
POTASSIUM	4.6f
CHLORIDE	98
CO2	31
CREATININE	0.8
BUN	15
GLUCOSE	149*
ALT (SGPT)	86*
AST (SGOT)	48*
GGT	76*
ALK PHOS	88
LDH	346*
BILIRUBIN TOTAL	0.6
B ₇ DIRECT	0.2
12/98 1147 POTASSIUM	SLIGHTLY HEMOLYZED

REFERENCE:	UNITS:
[135-145]	MEQ/L
[3.5-5.0]	MEQ/L
[95-109]	MEQ/L
[24-32]	MEQ/L
[0.5-1.4]	MG/DL
[10-20]	MG/DL
[65-110]	MG/DL
[0-40]	U/L
[0-37]	U/L
[9-54]	U/L
[39-117]	U/L
[94-250]	U/L
[0.2-1.0]	MG/DL
[0.0-0.2]	MG/DL

Legend:
= Out of Ref. Range, f= Footnote

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

J553

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

EXPEDITE REPORT

HEMATOLOGY

12/27/98
1147

REFERENCE: UNITS:

HEMOPROFILE

WBC X 10x3	14.1*	[4.8-10.8]	/CMM
RBC X 10x6	3.07*	[4.70-6.10]	/CMM
HEMOGLOBIN	8.8*	[14.0-18.0]	G/DL
HEMATOCRIT	26.6*	[42.0-54.0]	%
MCV	86.5	[80.0-94.0]	FL
MCH	28.6	[27.0-31.0]	PG
MCHC	33.1	[32.0-36.0]	%
RDW	14.9*	[11.5-14.5]	%
PLATELET X 10x3	645*	[133-333]	/CMM
MPV	6.8*	[7.4-10.4]	FL

Legend:

*= Out of Ref. Range

Printed Date/Time

12/27/1998 1337

EXPEDITE REPORT

Page:

1

End of Report

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

J553

Account No. 969254909367 1
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **ORTR J553 00**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**EXPEDITE REPORT****HEMATOLOGY**12/27/98
1147

REFERENCE: UNITS:

DIFFERENTIAL

OLYS	75
ANDS	2
MPHOCYTES	14
NOCYTES	4
SINOPHILS	3
SOPHILS	1
ETAMYELOCYTES	1*

[43-84]	%
[0-8]	%
[12-42]	%
[1-13]	%
[0-6]	%
[0-1]	%
[< 0]	%

BC MORPHOLOGY

AT ESTIMATE	INC MOD*
IKILOCYTOSIS	SLIGHT
ISOCYTOSIS	SLIGHT
OL OMASIA	SLIGHT

[NORMAL]

gena:
Out of Ref. Range

nted Date/Time 12/27/1998 1455

EXPEDITE REPORT

Page: 1

End of Report

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **ORTR J553 00**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**GENERAL CHEMISTRY**

	12/27/98 1147	12/25/98 2317	12/24/98 0338	12/23/98 0149	REFERENCE:	UNITS:
SODIUM	134*	134*	129*	133*	[135-145]	MEQ/L
POTASSIUM	4.6f	4.3	4.5	4.9	[3.5-5.0]	MEQ/L
CHLORIDE	98	99	96	97	[95-109]	MEQ/L
CO2	31	31	28	25	[24-32]	MEQ/L
CREATININE	0.8	0.8	0.8	0.7	[0.5-1.4]	MG/DL
BUN	15	17	18	16	[10-20]	MG/DL
GLUCOSE	149*	145*	189*	132*	[65-110]	MG/DL
ALT (SGPT)	86*				[0-40]	U/L
AST (SGOT)	48*				[0-37]	U/L
GGT	76*				[9-54]	U/L
ALK PHOS	88				[39-117]	U/L
LDH	346*				[94-250]	U/L
BILIRUBIN TOTAL	0.6				[0.2-1.0]	MG/DL
BILI DIRECT	0.2				[0.0-0.2]	MG/DL
	12/22/98 1247	12/22/98 0309	12/21/98 1001	12/21/98 0348	REFERENCE:	UNITS:
SODIUM	134*	126*	136	135	[135-145]	MEQ/L
POTASSIUM	4.5	4.2	4.5	5.6*	[3.5-5.0]	MEQ/L
CHLORIDE	99	91*	103	103	[95-109]	MEQ/L
CO2	28	30	25	18*	[24-32]	MEQ/L
CREATININE	0.7	0.6	0.8	0.9	[0.5-1.4]	MG/DL
BUN	15	14	11	12	[10-20]	MG/DL
GLUCOSE	131*	147*	93	101	[65-110]	MG/DL
IONIZED CALCIUM				1.03*	[1.16-1.30]	MMOL/L
IONIZED CALCIUM				4.12*	[4.65-5.20]	MG/DL
FORM CA (PH 7.4)				1.10*	[1.16-1.30]	MMOL/L
FORM CA (PH 7.4)				4.40*	[4.65-5.20]	MG/DL
MAGNESIUM				3.4*	[3.5-6.0]	MG/DL
2/27/98 1147 POTASSIUM				1.8	[1.8-3.0]	MG/DL

SLIGHTLY HEMOLYZED

gend:

of Ref. Range, f= Footnote

Printed Date/Time

12/27/1998 2131

CUMULATIVE-CUTOFF

Discharge Date:

Continued..

CHEMISTRY

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**BODY FLUIDS ANALYSIS**

REFERENCE: UNITS:

FECAL LEUKOCYTE 12/21/98 0253
No WBC's seen.**HEMATOLOGY**

12/27/98	12/24/98	12/23/98	12/22/98
1147	0338	0149	0309

REFERENCE: UNITS:

HEMOPROFILE

	12/27/98	12/24/98	12/23/98	12/22/98	REFERENCE:	UNITS:
WBC X 10x3	14.1*	18.0*	20.2*	18.6*	[4.8-10.8]	/CMM
RBC X 10x6	3.07*	3.01*	3.10*	3.02*	[4.70-6.10]	/CMM
HEMOGLOBIN	8.8*	8.8*	9.2*	9.1*	[14.0-18.0]	G/DL
HEMATOCRIT	26.6*	26.5*	27.9*	27.1*	[42.0-54.0]	%
HCT	86.5	88.1	89.9	89.8	[80.0-94.0]	FL
MCV	28.6	29.1	29.7	30.0	[27.0-31.0]	PG
MCH	33.1	33.0	33.1	33.4	[32.0-36.0]	%
MCHC	14.9*	14.7*			[11.5-14.5]	%
PLT X 10x3	645*	821*	854*	829*	[133-333]	/CMM
PV	6.8*	6.8*			[7.4-10.4]	FL

DIFFERENTIAL

	12/27/98	12/24/98	12/23/98	12/22/98	REFERENCE:	UNITS:
NEUTROPHILS	75	66	76	80	[43-84]	%
LYMPHOCYTES	2	4	1		[0-8]	%
MONOCYTES	14	15	17	11*	[12-42]	%
EOSINOPHILS	4	13	4	8	[1-13]	%
PLASMAPHILS	3	1	1		[0-6]	%
THROMBOCYTES	1	1	1		[0-1]	%
RETICULOCYTES	1*			1*	[< 0]	%

RBC MORPHOLOGY

	12/27/98	12/24/98	12/23/98	12/22/98	REFERENCE:
MCV ESTIMATE	INC MOD*	INC MKD*	INC MKD*	INC MKD*	[NORMAL]
POIKILOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT	
ANISOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT	
POLYCHROMASIA	SLIGHT	SLIGHT	SLIGHT	SLIGHT	
IMMATURE CELLS		SLIGHT	OCCASNL		

Legend:
+ 0+ of Ref. Range

Printed Date/Time

12/27/1998 2131

CUMULATIVE-CUTOFF

2

Discharge Date:

Continued..

FLUIDS HEMATOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **ORTR J553 00**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**HEMATOLOGY**12/21/98
0451

REFERENCE: UNITS:

HEMOPROFILE

WBC X 10x3	19.8*
RBC X 10x6	3.01*
HEMOGLOBIN	8.8*
HEMATOCRIT	27.2*
MCV	90.5
MCH	29.2
MCHC	32.3
PLATELET X 10x3	786*

[4.8-10.8]	/CMM
[4.70-6.10]	/CMM
[14.0-18.0]	G/DL
[42.0-54.0]	%
[80.0-94.0]	FL
[27.0-31.0]	PG
[32.0-36.0]	%
[133-333]	/CMM

DIFFERENTIAL

POLYS	74
LYMPHOCYTES	22
MONOCYTES	4

[43-84]	%
[12-42]	%
[1-13]	%

R. MORPHOLOGY

PLT ESTIMATE	INC MOD*
POIKILOCYTOSIS	SLIGHT
ANISOCYTOSIS	SLIGHT
POLYCHROMASIA	SLIGHT
TARGET CELLS	SLIGHT

[NORMAL]

MICROBIOLOGY - BLOOD CULTURESBLOOD CULTURE-AUTOMATED
SOURCE: BLOOD

ACCESSION # BC-98-25623

COLLECTED: 15DEC98 0954
RECEIVED: 15DEC98 1548

----- FINAL REPORT -----

12/21/98 1504

NO GROWTH AT 5 DAYS

Legend:
* at of Ref. Range

Printed Date/Time

12/27/1998 2131

CUMULATIVE-CUTOFF

3

Discharge Date:

Continued..

HEMATOLOGY MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**MICROBIOLOGY - BLOOD CULTURES****BLOOD CULTURE-AUTOMATED**
SOURCE: BLOOD

ACCESSION # BC-98-25624

COLLECTED: 15DEC98 1549
RECEIVED: 15DEC98 1549

----- FINAL REPORT -----

12/21/98 1504

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED
SOURCE: BLOOD
A LINE

ACCESSION # BC-98-25902

COLLECTED: 18DEC98 1152
RECEIVED: 18DEC98 1542

----- FINAL REPORT -----

12/24/98 1444

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED
SOURCE: BLOOD
R BRACHIAL

ACCESSION # BC-98-25904

COLLECTED: 18DEC98 1153
RECEIVED: 18DEC98 1544

----- FINAL REPORT -----

12/22/98 0820

AEROBIC BOTTLE: STAPHYLOCOCCUS SPECIES, NOT S. AUREUS

----- SUSCEPTIBILITY TESTING -----

SSNAKB

AMPICILLIN	R
CLINDAMYCIN	R
ERYTHROMYCIN	R
GENTAMICIN	R
OFLOXACIN	R
OXACILLIN	R
PENICILLIN	R
VANCOMYCIN	S

Printed Date/Time

12/27/1998 2131

CUMULATIVE-CUTOFF

4

Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**MICROBIOLOGY - ROUTINE**BODY FLD/TISSUE CULT W/GRAM ST ACCESSION # 98-356-2299
SOURCE: BODY FLUID, OTHER
HEPTIC DRAINCOLLECTED: 22DEC98 1247
RECEIVED: 22DEC98 1528----- STAINS/PREPARATIONS -----
GRAM STAIN 12/22/98 2154
FEW WBC'S;
NO ORGANISMS SEEN----- FINAL REPORT -----
12/25/98 1102
RARE MODERATE GROUP D STREPTOCOCCUS, ENTEROCOCCUS----- SUSCEPTIBILITY TESTING -----
STRENT
MIC INTERP
AMPICILLIN S
C MICIN 500 S
S 1000 S
VANCOMYCIN SCATH TIP CULTURE ACCESSION # 98-355-1035
SOURCE: TIP
R SC TLCCOLLECTED: 21DEC98 1001
RECEIVED: 21DEC98 1055----- FINAL REPORT -----
12/24/98 1150
NO GROWTH AT 3 DAYSSTOOL CULTURE ACCESSION # 98-355-0698
SOURCE: STOOLCOLLECTED: 21DEC98 0253
RECEIVED: 21DEC98 0853----- FINAL REPORT -----
12/24/98 0959
NO SALMONELLA, SHIGELLA, OR CAMPYLOBACTER ISOLATED
NORMAL ENTERIC FLORA ISOLATED

Printed Date/Time

12/27/1998 2131

CUMULATIVE-CUTOFF

5

Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services**6411 Fannin**
Houston, Texas 77030-1501
(713) 704-5227**Account No.** 969254909367 **I**
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **ORTR J553 00**
Date of Birth: 05/14/1974 **Age:** 24 YRS **Sex:** M**MICROBIOLOGY - ROUTINE****CLOSTRIDIUM DIFFICILE TOXIN** **ACCESSION #** 98-355-0703
SOURCE: STOOL**COLLECTED:** 21DEC98 0253
RECEIVED: 21DEC98 0855----- **FINAL REPORT** -----

12/21/98 1419

NO CLOSTRIDIUM DIFFICILE TOXIN DETECTED**ANAEROBIC CULTURE** **ACCESSION #** 98-349-4335
SOURCE: BODY FLUID, OTHER
ABSCCESS**COLLECTED:** 15DEC98 2328
RECEIVED: 15DEC98 2328----- **FINAL REPORT** -----

12/21/98 1437

NO ANAEROBES ISOLATED AFTER 5 DAYS

Printed Date/Time

12/27/1998 2131

CUMULATIVE-CUTOFF

6

Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 1
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: ORTR J553 00
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

CANCELLED ORDERS

12/21/98	0249	HEMOPROFILE/PLATELET	Specimen Clotted. Order cancelled.
12/21/98	0249	HEMOPROFILE & DIFF & PLATELET	Specimen Clotted. Order cancelled.
DARLA, RN NOTIF. 04:17.			
12/21/98	0249	DIFFERENTIAL	Specimen Clotted. Order cancelled.

Printed Date/Time

12/27/1998 2131

CUMULATIVE-CUTOFF

Discharge Date:

Continued..

CANCELLED

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 1
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **ORTR J553 00**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

PENDING ORDERS

12/15/98 2328 FUNGUS CULTURE W/SMEAR 98-349-4335 STAIN

Printed Date/Time 12/27/1998 2131

CUMULATIVE-CUTOFF

8

Discharge Date:

End of Report

PENDING

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

553J

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIMU SIMU 06
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**M I C R O B I O L O G Y - R O U T I N E**BODY FLD/TISSUE CULT W/GRAM ST ACCESSION # 98-356-2299
SOURCE: BODY FLUID, OTHER
HEPTIC DRAINCOLLECTED: 22DEC98 1247
RECEIVED: 22DEC98 1528----- STAINS/PREPARATIONS -----
GRAM STAIN 12/22/98 2154
FEW WBC'S;
NO ORGANISMS SEEN----- FINAL REPORT -----
12/25/98 1102
RARE MODERATE GROUP D STREPTOCOCCUS, ENTEROCOCCUS----- SUSCEPTIBILITY TESTING -----
STRENT
MIC INTERP
AMPICILLIN S
G^r MICIN 500 S
S^t 1000 S
VANCOMYCIN S

Printed Date/Time

12/25/1998 1205

CUMULATIVE-INTERIM

1

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

P E N D I N G O R D E R S

2/15/98	2328	FUNGUS CULTURE W/SMEAR	98-349-4335	STAIN
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DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**GENERAL CHEMISTRY**

	12/24/98 0338	12/23/98 0149	12/22/98 1247	12/22/98 0309	REFERENCE:	UNITS:
SODIUM	129*	133*	134*	126*	[135-145]	MEQ/L
POTASSIUM	4.5	4.9	4.5	4.2	[3.5-5.0]	MEQ/L
CHLORIDE	96	97	99	91*	[95-109]	MEQ/L
CO2	28	25	28	30	[24-32]	MEQ/L
CREATININE	0.8	0.7	0.7	0.6	[0.5-1.4]	MG/DL
BUN	18	16	15	14	[10-20]	MG/DL
GLUCOSE	189*	132*	131*	147*	[65-110]	MG/DL
	12/21/98 1001	12/21/98 0348			REFERENCE:	UNITS:
SODIUM	136	135			[135-145]	MEQ/L
POTASSIUM	4.5	5.6*			[3.5-5.0]	MEQ/L
CHLORIDE	103	103			[95-109]	MEQ/L
CO2	25	18*			[24-32]	MEQ/L
CREATININE	0.8	0.9			[0.5-1.4]	MG/DL
BUN	11	12			[10-20]	MG/DL
GLUCOSE	93	101			[65-110]	MG/DL
IONIZED CALCIUM		1.03*			[1.16-1.30]	MMOL/L
IONIZED CALCIUM		4.12*			[4.65-5.20]	MG/DL
NORM CA (PH 7.4)		1.10*			[1.16-1.30]	MMOL/L
NORM CA (PH 7.4)		4.40*			[4.65-5.20]	MG/DL
PHOSPHORUS		3.4*			[3.5-6.0]	MG/DL
MAGNESIUM		1.8			[1.8-3.0]	MG/DL

BODY FLUIDS ANALYSIS

	REFERENCE:	UNITS:
FECAL LEUKOCYTE	12/21/98 0253	
No WBC's seen.		

nd:
ut of Ref. Range

Printed Date/Time

12/24/1998 2137

SPLIT-CUMULATIVE

Discharge Date:

Continued..

CHEMISTRY FLUIDS

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367- I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**H E M A T O L O G Y**

	12/24/98 0338	12/23/98 0149	12/22/98 0309	12/21/98 0451	REFERENCE:	UNITS:
HEMOPROFILE						
WBC X 10x3	18.0*	20.2*	18.6*	19.8*	[4.8-10.8]	/CMM
RBC X 10x6	3.01*	3.10*	3.02*	3.01*	[4.70-6.10]	/CMM
HEMOGLOBIN	8.8*	9.2*	9.1*	8.8*	[14.0-18.0]	G/DL
HEMATOCRIT	26.5*	27.9*	27.1*	27.2*	[42.0-54.0]	%
MCV	88.1	89.9	89.8	90.5	[80.0-94.0]	FL
MCH	29.1	29.7	30.0	29.2	[27.0-31.0]	PG
MCHC	33.0	33.1	33.4	32.3	[32.0-36.0]	%
RDW	14.7*				[11.5-14.5]	%
PLATELET X 10x3	821*	854*	829*	786*	[133-333]	/CMM
MPV	6.8*				[7.4-10.4]	FL
DIFFERENTIAL						
POIY'S	66	76	80	74	[43-84]	%
Bi	4	1			[0-8]	%
LYMPHOCYTES	15	17	11*	22	[12-42]	%
MONOCYTES	13	4	8	4	[1-13]	%
EOSINOPHILS	1	1			[0-6]	%
BASOPHILS	1	1			[0-1]	%
METAMYELOCYTES			1*		[< 0]	%
RBC MORPHOLOGY						
PLT ESTIMATE	INC MKD*	INC MKD*	INC MKD*	INC MOD*	[NORMAL]	
POIKILOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT		
ANISOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT		
POLYCHROMASIA	SLIGHT		SLIGHT	SLIGHT		
TARGET CELLS	SLIGHT	OCCASSNL		SLIGHT		

M I C R O B I O L O G Y - B L O O D C U L T U R E SBLOOD CULTURE-AUTOMATED
SOURCE: BLOOD

ACCESSION # BC-98-25623

COLLECTED: 15DEC98 0954
RECEIVED: 15DEC98 1548----- FINAL REPORT -----
12/21/98 1504
NO GROWTH AT 5 DAYSLe i:
* z of Ref. Range

Printed Date/Time

12/24/1998 2137

SPLIT-CUMULATIVE

2

Discharge Date:

Continued.

HEMATOLOGY MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**M I C R O B I O L O G Y - B L O O D C U L T U R E S**

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25624	COLLECTED: 15DEC98 1549
SOURCE: BLOOD		RECEIVED: 15DEC98 1549

----- FINAL REPORT -----

12/21/98 1504

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25902	COLLECTED: 18DEC98 1152
SOURCE: BLOOD		RECEIVED: 18DEC98 1542
A LINE		

----- FINAL REPORT -----

12/24/98 1444

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25904	COLLECTED: 18DEC98 1153
SOURCE: BLOOD		RECEIVED: 18DEC98 1544
R BRACHIAL		

----- FINAL REPORT -----

12/22/98 0820

AEROBIC BOTTLE: STAPHYLOCOCCUS SPECIES, NOT S. AUREUS

----- SUSCEPTIBILITY TESTING -----

SSNAKB

AMPICILLIN	R
CLINDAMYCIN	R
ERYTHROMYCIN	R
GENTAMICIN	R
OFLOXACIN	R
OXACILLIN	R
PENICILLIN	R
VANCOMYCIN	S

Printed Date/Time

12/24/1998 2137

SPLIT-CUMULATIVE

3

Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 1
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIMU SIMU 06
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**M I C R O B I O L O G Y - R O U T I N E**BODY FLD/TISSUE CULT W/GRAM ST ACCESSION # 98-356-2299
SOURCE: BODY FLUID, OTHER
HEPTIC DRAINCOLLECTED: 22DEC98 1247
RECEIVED: 22DEC98 1528

----- STAINS/PREPARATIONS -----

GRAM STAIN 12/22/98 2154
FEW WBC'S;
NO ORGANISMS SEEN

----- PRELIMINARY REPORT -----

12/24/98 1023
RARE MODERATE GROUP D STREPTOCOCCUS, ENTEROCOCCUS

CATH TIP CULTURE ACCESSION # 98-355-1035

COLLECTED: 21DEC98 1001

SOURCE: TIP
R SC TLC

RECEIVED: 21DEC98 1055

----- FINAL REPORT -----

12/24/98 1150
NO GROWTH AT 3 DAYS

STOOL CULTURE ACCESSION # 98-355-0698

COLLECTED: 21DEC98 0253

SOURCE: STOOL

RECEIVED: 21DEC98 0853

----- FINAL REPORT -----

12/24/98 0959
NO SALMONELLA, SHIGELLA, OR CAMPYLOBACTER ISOLATED
NORMAL ENTERIC FLORA ISOLATED

Printed Date/Time

12/24/1998 2137

SPLIT-CUMULATIVE

4

Discharge Date:

Continued..

MICROBIOLOGY

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIMU SIMU 06
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

CANCELLED ORDERS

12/21/98	0249	HEMOPROFILE/PLATELET	Specimen Clotted. Order cancelled.
12/21/98	0249	HEMOPROFILE & DIFF & PLATELET	Specimen Clotted. Order cancelled.
DARLA, RN NOTIF. 04:17.			
12/21/98	0249	DIFFERENTIAL	Specimen Clotted. Order cancelled.

Printed Date/Time

12/24/1998 2137

SPLIT-CUMULATIVE

6

Discharge Date:

Continued..

CANCELLED

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIMU SIMU 06
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**P E N D I N G O R D E R S**

12/22/98	1247	BODY FLD/TISSUE CULT W/GRAM ST	98-356-2299	PRELIM
12/21/98	0449	HEMOPROFILE/PLATELET		DRAWN
12/21/98	0449	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/21/98	0449	DIFFERENTIAL		DRAWN
12/21/98	0247	CHEM 7 / BASIC METABOLIC SCRIN		DRAWN
12/21/98	0247	HEMOPROFILE/PLATELET		DRAWN
12/21/98	0247	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/21/98	0247	DIFFERENTIAL		DRAWN
12/21/98	0051	MRSA CULTURE		DRAWN
12/21/98	0051	RESISTANT ACINETOBACTER SCREEN		DRAWN
12/15/98	2328	FUNGUS CULTURE W/SMEAR	98-349-4335	STAIN

Printed Date/Time 12/24/1998 2138

Discharge Date:

SPLIT-CUMULATIVE

7

End of Report

PENDING

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

553J

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIMU SIMU 06
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**GENERAL CHEMISTRY**

	12/23/98 0149	12/22/98 1247	12/22/98 0309	12/21/98 1001	REFERENCE:	UNITS:
SODIUM	133*	134*	126*	136	[135-145]	MEQ/L
POTASSIUM	4.9	4.5	4.2	4.5	[3.5-5.0]	MEQ/L
CHLORIDE	97	99	91*	103	[95-109]	MEQ/L
CO2	25	28	30	25	[24-32]	MEQ/L
CREATININE	0.7	0.7	0.6	0.8	[0.5-1.4]	MG/DL
BUN	16	15	14	11	[10-20]	MG/DL
GLUCOSE	132*	131*	147*	93	[65-110]	MG/DL
	12/21/98 0348					
SODIUM	135				[135-145]	MEQ/L
POTASSIUM	5.6*				[3.5-5.0]	MEQ/L
CHLORIDE	103				[95-109]	MEQ/L
CO2	18*				[24-32]	MEQ/L
CREATININE	0.9				[0.5-1.4]	MG/DL
BUN	12				[10-20]	MG/DL
GLUCOSE	101				[65-110]	MG/DL
IONIZED CALCIUM	1.03*				[1.16-1.30]	MMOL/L
IONIZED CALCIUM	4.12*				[4.65-5.20]	MG/DL
NORM CA (PH 7.4)	1.10*				[1.16-1.30]	MMOL/L
NORM CA (PH 7.4)	4.40*				[4.65-5.20]	MG/DL
PHOSPHORUS	3.4*				[3.5-6.0]	MG/DL
MAGNESIUM	1.8				[1.8-3.0]	MG/DL

BODY FLUIDS ANALYSIS

		REFERENCE:	UNITS:
FECAL LEUKOCYTE	12/21/98 0253 No WBC's seen.		

Printed Date/Time
12/23/1998 2139

Discharge Date:

CHEMISTRY FLUIDS

SPLIT-CUMULATIVE

Continued..

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**H E M A T O L O G Y**

12/23/98	12/22/98	12/21/98
0149	0309	0451

REFERENCE: UNITS:

HEMOPROFILE

WBC X 10x3	20.2*	18.6*	19.8*	[4.8-10.8]	/CMM
RBC X 10x6	3.10*	3.02*	3.01*	[4.70-6.10]	/CMM
HEMOGLOBIN	9.2*	9.1*	8.8*	[14.0-18.0]	G/DL
HEMATOCRIT	27.9*	27.1*	27.2*	[42.0-54.0]	%
MCV	89.9	89.8	90.5	[80.0-94.0]	FL
MCH	29.7	30.0	29.2	[27.0-31.0]	PG
MCHC	33.1	33.4	32.3	[32.0-36.0]	%
PLATELET X 10x3	854*	829*	786*	[133-333]	/CMM

DIFFERENTIAL

POLYS	76	80	74	[43-84]	%
BANDS	1			[0-8]	%
LYMPHOCYTES	17	11*	22	[12-42]	%
MONOCYTES	4	8	4	[1-13]	%
EOSINOPHILS	1			[0-6]	%
BASOPHILS	1			[0-1]	%
METAMYELOCYTES		1*		[< 0]	%

RBC MORPHOLOGY

PLT ESTIMATE	INC MKD*	INC MKD*	INC MOD*	[NORMAL]
POIKILOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	
ANISOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	
POLYCHROMASIA		SLIGHT	SLIGHT	
TARGET CELLS	OCCASSNL		SLIGHT	

M I C R O B I O L O G Y - B L O O D C U L T U R E SBLOOD CULTURE-AUTOMATED
SOURCE: BLOOD

ACCESSION # BC-98-25623

COLLECTED: 15DEC98 0954
RECEIVED: 15DEC98 1548

----- FINAL REPORT -----

12/21/98 1504

NO GROWTH AT 5 DAYS

Lr d:
* t of Ref. Range

Printed Date/Time

12/23/1998 2139

SPLIT-CUMULATIVE

2

Discharge Date:

Continued..

HEMATOLOGY MICROBIOLOGY

**DYNACARE HERMANN -
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**M I C R O B I O L O G Y - B L O O D C U L T U R E S**

BLOOD CULTURE-AUTOMATED	ACCESSION #	BC-98-25624	COLLECTED:	15DEC98	1549
SOURCE: BLOOD			RECEIVED:	15DEC98	1549

----- FINAL REPORT -----

12/21/98 1504

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION #	BC-98-25902	COLLECTED:	18DEC98	1152
SOURCE: BLOOD			RECEIVED:	18DEC98	1542
A LINE					

----- PRELIMINARY REPORT -----

12/23/98 1432

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION #	BC-98-25904	COLLECTED:	18DEC98	1153
SOURCE: BLOOD			RECEIVED:	18DEC98	1544
R BRACHIAL					

----- FINAL REPORT -----

12/22/98 0820

AEROBIC BOTTLE: STAPHYLOCOCCUS SPECIES, NOT S. AUREUS

----- SUSCEPTIBILITY TESTING -----

SSNAKB

AMPICILLIN	R
CLINDAMYCIN	R
ERYTHROMYCIN	R
GENTAMICIN	R
OFLOXACIN	R
OXACILLIN	R
PENICILLIN	R
VANCOMYCIN	S

Printed Date/Time

12/23/1998 2139

SPLIT-CUMULATIVE

3

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

M I C R O B I O L O G Y - R O U T I N E

BODY FLD/TISSUE CULT W/GRAM ST ACCESSION # 98-356-2299
SOURCE: BODY FLUID, OTHER
HEPTIC DRAIN

COLLECTED: 22DEC98 1247
RECEIVED: 22DEC98 1528

----- STAINS/PREPARATIONS -----
GRAM STAIN 12/22/98 2154
FEW WBC'S;
NO ORGANISMS SEEN

----- PRELIMINARY REPORT -----
12/23/98 1513
RARE YOUNG GROWTH, REINCUBATING

CATH TIP CULTURE ACCESSION # 98-355-1035
SOURCE: TIP
R SC TLC

COLLECTED: 21DEC98 1001
RECEIVED: 21DEC98 1055

----- PRELIMINARY REPORT -----
12/23/98 1204
NO GROWTH AT 2 DAYS

STOOL CULTURE ACCESSION # 98-355-0698
SOURCE: STOOL

COLLECTED: 21DEC98 0253
RECEIVED: 21DEC98 0853

----- PRELIMINARY REPORT -----
12/23/98 1125
NORMAL ENTERIC FLORA ISOLATED

CLOSTRIDIUM DIFFICILE TOXIN ACCESSION # 98-355-0703
SOURCE: STOOL

COLLECTED: 21DEC98 0253
RECEIVED: 21DEC98 0853

----- FINAL REPORT -----
12/21/98 1419
NO CLOSTRIDIUM DIFFICILE TOXIN DETECTED

Printed Date/Time

12/23/1998 2139

Discharge Date:

SPLIT-CUMULATIVE

4

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIMU SIMU 06
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

M I C R O B I O L O G Y - R O U T I N E

ANAEROBIC CULTURE
SOURCE: BODY FLUID, OTHER
ABSCESS

ACCESSION # 98-349-4335

COLLECTED: 15DEC98 2328

RECEIVED: 15DEC98 2328

----- FINAL REPORT -----

12/21/98 1437

NO ANAEROBES ISOLATED AFTER 5 DAYS

Printed Date/Time

12/23/1998 2139

SPLIT-CUMULATIVE

5

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

CANCELLED ORDERS

.2/21/98	0249	HEMOPROFILE/PLATELET	Specimen Clotted. Order cancelled.
.2/21/98	0249	HEMOPROFILE & DIFF & PLATELET	Specimen Clotted. Order cancelled.
MARLA, RN NOTIF. 04:17.			
.2/21/98	0249	DIFFERENTIAL	Specimen Clotted. Order cancelled.

Printed Date/Time

12/23/1998 2139

SPLIT-CUMULATIVE

6

Discharge Date:

Continued..

CANCELLED

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIMU SIMU 06**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**P E N D I N G O R D E R S**

12/22/98	1247	BODY FLD/TISSUE CULT W/GRAM ST	98-356-2299	PRELIM
12/21/98	1001	CATH TIP CULTURE	98-355-1035	PRELIM
12/21/98	0449	HEMOPROFILE/PLATELET		DRAWN
12/21/98	0449	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/21/98	0449	DIFFERENTIAL		DRAWN
12/21/98	0253	STOOL CULTURE	98-355-0698	PRELIM
12/21/98	0247	CHEM 7 / BASIC METABOLIC SCRIN		DRAWN
12/21/98	0247	HEMOPROFILE/PLATELET		DRAWN
12/21/98	0247	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/21/98	0247	DIFFERENTIAL		DRAWN
12/21/98	0051	MRSA CULTURE		DRAWN
12/21/98	0051	RESISTANT ACINETOBACTER SCREEN		DRAWN
12/20/98	0525	TIMED UREA NITROGEN		DRAWN
12/20/98	0355	PREALBUMIN		DRAWN
12/18/98	1152	BLOOD CULTURE-AUTOMATED	BC-98-25902	PRELIM
12/15/98	2328	FUNGUS CULTURE W/SMEAR	98-349-4335	STAIN

HERMANN HOSPITAL
 DEPARTMENT OF RADIOLOGY
 TEXAS MEDICAL CENTER
 6411 FANNIN
 HOUSTON, TX 77030-1501
 (713) 797-2800
 (713) 793-5344 (FAX)

=====

PROFESSIONAL SERVICES PROVIDED BY:
 DEPARTMENT OF RADIOLOGY
 THE UNIVERSITY OF TEXAS
 MEDICAL SCHOOL AT HOUSTON
 6431 FANNIN, SUITE 2.132
 HOUSTON, TX 77030
 (713) 792-5235

PT NAME: WILFORD , KANE **
 DOB: 05/14/1974 AGE: 24 SEX: M
 MR#: 96925490 9367 STATUS: IA

ORD'D BY: DUKE, JAMES H. (TRAUMA)
 DT PERF: 12/24/98 AT 12:00 HRS.
 REQUISITION NO: 01241181
 MED RECORDS (CHART) COPY

N/S: SIMU RM/BD: SIMU06 OR VISIT CLINIC:
 INDICATIONS: OPN WOUND SITE NOS-COMP

EXAM(S) PERFORMED: CHEST 1 VIEW (110 KV @ 6.4MAS)

INDICATION: Shortness of breath.

FINDINGS: Portable view of the chest dated 12/24/98 at 1215 hours is compared to 12/23/98 at 0415 hours. Compared to the prior examination, there is redemonstration of a right-sided pleural effusion with two right-sided chest tubes in place. The remainder of the life support lines remain in stable position. The lungs are hypoinflated. Subsegmental atelectasis is noted in both lung bases.

READ RADIOLOGIST:

ATTN MD: DUKE, JAMES H. (TRAUMA)

RESIDENT:

APPROV RAD:

RESULTS REC'D: 98/12/25 09:19

RESULTS APPROVED: 12/24/98 12:00

RESULTS READ :

PAGE 1

HERMANN HOSPITAL
DEPARTMENT OF RADIOLOGY
TEXAS MEDICAL CENTER
6411 FANNIN
HOUSTON, TX 77030-1501
(713) 797-2800
(713) 793-5344 (FAX)

=====

PROFESSIONAL SERVICES PROVIDED BY:
DEPARTMENT OF RADIOLOGY
THE UNIVERSITY OF TEXAS
MEDICAL SCHOOL AT HOUSTON
6431 FANNIN, SUITE 2.132
HOUSTON, TX 77030
(713) 792-5235

PT NAME: WILFORD ,KANE **
MR#: 96925490 9367

DT PERF: 12/24/98 AT 12:00 HRS.
REQUISITION NO: 01241181

READ RADIOLOGIST:

ATTN: MD: DUKE, JAMES H. (TRAUMA)

RESIDENT:

APPROVING RAD:

RESULTS REC'D: 98/12/25 09:19

RESULTS READ :

RESULTS APPROVED: 12/24/98 12:00

09:19 12/25/98 FROM ????,HDRDRLF2

A3DA4001

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**GENERAL CHEMISTRY**

	12/22/98 1247	12/22/98 0309	12/21/98 1001	12/21/98 0348	REFERENCE:	UNITS:
SODIUM	134*	126*	136	135	[135-145]	MEQ/L
POTASSIUM	4.5	4.2	4.5	5.6*	[3.5-5.0]	MEQ/L
CHLORIDE	99	91*	103	103	[95-109]	MEQ/L
CO2	28	30	25	18*	[24-32]	MEQ/L
CREATININE	0.7	0.6	0.8	0.9	[0.5-1.4]	MG/DL
BUN	15	14	11	12	[10-20]	MG/DL
GLUCOSE	131*	147*	93	101	[65-110]	MG/DL
IONIZED CALCIUM				1.03*	[1.16-1.30]	MMOL/L
IONIZED CALCIUM				4.12*	[4.65-5.20]	MG/DL
NORM CA (PH 7.4)				1.10*	[1.16-1.30]	MMOL/L
NORM CA (PH 7.4)				4.40*	[4.65-5.20]	MG/DL
PHOSPHORUS				3.4*	[3.5-6.0]	MG/DL
MAGNESIUM				1.8	[1.8-3.0]	MG/DL

BODY FLUIDS ANALYSIS

		REFERENCE:	UNITS:
FECAL LEUKOCYTE	12/21/98 0253 No WBC's seen.		

Lr d:
*. t of Ref. Range

Printed Date/Time

12/22/1998 2140

SPLIT-CUMULATIVE

Discharge Date:

Continued..

CHEMISTRY FLUIDS

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**H E M A T O L O G Y**12/22/98 12/21/98
0309 0451

REFERENCE: UNITS:

HEMOPROFILE

WBC X 10x3	18.6*	19.8*
RBC X 10x6	3.02*	3.01*
HEMOGLOBIN	9.1*	8.8*
HEMATOCRIT	27.1*	27.2*
MCV	89.8	90.5
MCH	30.0	29.2
MCHC	33.4	32.3
PLATELET X 10x3	829*	786*

[4.8-10.8]	/CMM
[4.70-6.10]	/CMM
[14.0-18.0]	G/DL
[42.0-54.0]	%
[80.0-94.0]	FL
[27.0-31.0]	PG
[32.0-36.0]	%
[133-333]	/CMM

DIFFERENTIAL

POLYS	80	74
LYMPHOCYTES	11*	22
MONOCYTES	8	4
NEUTROPHILS	1*	

[43-84]	%
[12-42]	%
[1-13]	%
[< 0]	%

RBC MORPHOLOGY

PLT ESTIMATE	INC MKD*	INC MOD*
POIKILOCYTOSIS	SLIGHT	SLIGHT
ANISOCYTOSIS	SLIGHT	SLIGHT
POLYCHROMASIA	SLIGHT	SLIGHT
TARGET CELLS		SLIGHT

[NORMAL]

M I C R O B I O L O G Y - B L O O D C U L T U R E SBLOOD CULTURE-AUTOMATED
SOURCE: BLOOD

ACCESSION # BC-98-25623

COLLECTED: 15DEC98 0954
RECEIVED: 15DEC98 1548

----- FINAL REPORT -----

12/21/98 1504

NO GROWTH AT 5 DAYS

I nd:
' ut of Ref. Range

Printed Date/Time

12/22/1998 2140

SPLIT-CUMULATIVE

2

Discharge Date:

Continued..

HEMATOLOGY MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**M I C R O B I O L O G Y - B L O O D C U L T U R E S**

LOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25624	COLLECTED: 15DEC98 1549
SOURCE: BLOOD		RECEIVED: 15DEC98 1549

----- FINAL REPORT -----
12/21/98 1504
NO GROWTH AT 5 DAYS

LOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25902	COLLECTED: 18DEC98 1152
SOURCE: BLOOD		RECEIVED: 18DEC98 1542
A LINE		

----- PRELIMINARY REPORT -----
12/22/98 1530
NO GROWTH AT 4 DAYS

LOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25904	COLLECTED: 18DEC98 1153
SOURCE: BLOOD		RECEIVED: 18DEC98 1544
R BRACHIAL		

----- FINAL REPORT -----
12/22/98 0820
AEROBIC BOTTLE: STAPHYLOCOCCUS SPECIES, NOT S. AUREUS

----- SUSCEPTIBILITY TESTING -----
SSNA
KB
AMPICILLIN R
CLINDAMYCIN R
ERYTHROMYCIN R
GENTAMICIN R
OFLOXACIN R
OXACILLIN R
PENICILLIN R
VANCOMYCIN S

Printed Date/Time

12/22/1998 2140

SPLIT-CUMULATIVE

3

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**M I C R O B I O L O G Y - R O U T I N E**

CATH TIP CULTURE	ACCESSION # 98-355-1035	COLLECTED: 21DEC98 1001
SOURCE: TIP		RECEIVED: 21DEC98 1055
R SC TLC		

----- PRELIMINARY REPORT -----

12/22/98 0806

NO GROWTH AT 1 DAY

STOOL CULTURE	ACCESSION # 98-355-0698	COLLECTED: 21DEC98 0253
SOURCE: STOOL		RECEIVED: 21DEC98 0853

----- PRELIMINARY REPORT -----

12/22/98 1150

NO AEROBIC ENTERIC FLORA ISOLATED

CLOSTRIDIUM DIFFICILE TOXIN	ACCESSION # 98-355-0703	COLLECTED: 21DEC98 0253
SOURCE: STOOL		RECEIVED: 21DEC98 0855

----- FINAL REPORT -----

12/21/98 1419

NO CLOSTRIDIUM DIFFICILE TOXIN DETECTED

ANAEROBIC CULTURE	ACCESSION # 98-349-4335	COLLECTED: 15DEC98 2328
SOURCE: BODY FLUID, OTHER		RECEIVED: 15DEC98 2328
ABSCISS		

----- FINAL REPORT -----

12/21/98 1437

NO ANAEROBES ISOLATED AFTER 5 DAYS

Printed Date/Time

12/22/1998 2140

SPLIT-CUMULATIVE

4

Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

C A N C E L L E D O R D E R S

2/21/98	0249	HEMOPROFILE/PLATELET	Specimen Clotted. Order cancelled.
2/21/98	0249	HEMOPROFILE & DIFF & PLATELET	Specimen Clotted. Order cancelled.
ARLA, RN NOTIF.	04:17.		
2/21/98	0249	DIFFERENTIAL	Specimen Clotted. Order cancelled.

Printed Date/Time

12/22/1998 2140

SPLIT-CUMULATIVE

5

Discharge Date:

Continued..

CANCELLED

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**P E N D I N G O R D E R S**

12/22/98	1247	BODY FLD/TISSUE CULT W/GRAM ST	98-356-2299	RECVD
12/21/98	1001	CATH TIP CULTURE	98-355-1035	PRELIM
12/21/98	0449	HEMOPROFILE/PLATELET		DRAWN
12/21/98	0449	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/21/98	0449	DIFFERENTIAL		DRAWN
12/21/98	0253	STOOL CULTURE	98-355-0698	PRELIM
12/21/98	0247	CHEM 7 / BASIC METABOLIC SCRIN		DRAWN
12/21/98	0247	HEMOPROFILE/PLATELET		DRAWN
12/21/98	0247	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/21/98	0247	DIFFERENTIAL		DRAWN
12/21/98	0051	MRSA CULTURE		DRAWN
12/21/98	0051	RESISTANT ACINETOBACTER SCREEN		DRAWN
12/20/98	0525	TIMED UREA NITROGEN		DRAWN
12/20/98	0355	PREALBUMIN		DRAWN
12/19/98	0305	OXYHEMOGLOBIN		DRAWN
12/19/98	0305	ARTERIAL BLOOD GAS		DRAWN
12/19/98	0305	ARTERIAL BLOOD GAS/OXY PANEL		DRAWN
12/19/98	0305	HEMOPROFILE/PLATELET		DRAWN
12/19/98	0305	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/19/98	0305	DIFFERENTIAL		DRAWN
12/18/98	1152	BLOOD CULTURE-AUTOMATED	BC-98-25902	PRELIM
12/15/98	2328	FUNGUS CULTURE W/SMear	98-349-4335	STAIN

Printed Date/Time

12/22/1998 2140

SPLIT-CUMULATIVE

6

Discharge Date:

End of Report

PENDING

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**GENERAL CHEMISTRY**

	12/19/98 2348	12/19/98 0844	12/19/98 0843	12/19/98 0305	REFERENCE:	UNITS:
SODIUM	136			136	[135-145]	MEQ/L
POTASSIUM	4.1			4.1	[3.5-5.0]	MEQ/L
CHLORIDE	103			106	[95-109]	MEQ/L
CO2	21*			22*	[24-32]	MEQ/L
CREATININE	0.7			0.7	[0.5-1.4]	MG/DL
BUN	10			10	[10-20]	MG/DL
GLUCOSE	118*			124*	[65-110]	MG/DL
IONIZED CALCIUM	1.05*			0.95*	[1.16-1.30]	MMOL/L
IONIZED CALCIUM	4.20*			3.80*	[4.65-5.20]	MG/DL
NORM CA (PH 7.4)	1.08*			1.03*	[1.16-1.30]	MMOL/L
NORM CA (PH 7.4)	4.32*			4.12*	[4.65-5.20]	MG/DL
PHOSPHORUS	3.3			2.6	[2.5-4.5]	MG/DL
MAGNESIUM	1.9			2.2	[1.8-3.0]	MG/DL
BILIRUBIN TOTAL			1.2*		[0.2-1.0]	MG/DL
BILI DIRECT		2.4*f			[0.0-0.2]	MG/DL
	12/18/98 0219	12/17/98 0213	12/16/98 1342	12/16/98 1341	REFERENCE:	UNITS:
SODIUM	137				[135-145]	MEQ/L
POTASSIUM	4.1				[3.5-5.0]	MEQ/L
CHLORIDE	111*				[95-109]	MEQ/L
CO2	25				[24-32]	MEQ/L
CREATININE	0.7				[0.5-1.4]	MG/DL
BUN	11				[10-20]	MG/DL
GLUCOSE	140*				[65-110]	MG/DL
IONIZED CALCIUM	1.02*	1.04*			[1.16-1.30]	MMOL/L
IONIZED CALCIUM	4.08*	4.16*			[4.65-5.20]	MG/DL
NORM CA (PH 7.4)	1.04*	1.03*			[1.16-1.30]	MMOL/L
NORM CA (PH 7.4)	4.16*	4.12*			[4.65-5.20]	MG/DL
PHOSPHORUS	3.3	3.3			[2.5-4.5]	MG/DL
MAGNESIUM	2.3	2.4			[1.8-3.0]	MG/DL
BILIRUBIN TOTAL			26.3*f	8.9*f	[0.2-1.0]	MG/DL
12/19/98 0844 BILI DIRECT						
12/16/98 1342 BILIRUBIN TOTAL						
12/16/98 1341 BILIRUBIN TOTAL						
SAMPLE CHEST DRAINAGE						
HEPATIC DRAINAGE						
FOOTNOTE ADDED ON 12/16/98 AT 1538 BY LISIAA						
CHEST FLUID						
FOOTNOTE ADDED ON 12/16/98 AT 1537 BY LISIAA						

Legend:

* out of Ref. Range, f= Footnote

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

1

Discharge Date:

Continued..

CHEMISTRY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**GENERAL CHEMISTRY**

	12/16/98 0243	12/15/98 0627	12/14/98 0331	REFERENCE:	UNITS:
SODIUM	147*	144	144	[135-145]	MEQ/L
POTASSIUM	4.4	4.2	4.2	[3.5-5.0]	MEQ/L
CHLORIDE	115*	113*	107	[95-109]	MEQ/L
CO2	21*	23*	31	[24-32]	MEQ/L
CREATININE	0.8	0.8	0.9	[0.5-1.4]	MG/DL
BUN	13	17	21*	[10-20]	MG/DL
GLUCOSE	110	109	118*	[65-110]	MG/DL
IONIZED CALCIUM	1.04*	1.15*		[1.16-1.30]	MMOL/L
IONIZED CALCIUM	4.16*	4.60*		[4.65-5.20]	MG/DL
NORM CA (PH 7.4)	1.08*	SEE NOTE*f		[1.16-1.30]	MMOL/L
NORM CA (PH 7.4)	4.32*	SEE NOTE*		[4.65-5.20]	MG/DL
PHOSPHORUS	2.9	2.5f		[2.5-4.5]	MG/DL
MAGNESIUM	1.7*	2.2	2.0	[1.8-3.0]	MG/DL
ALT (SGPT)			151*	[0-40]	U/L
AST (SGOT)			51*	[0-37]	U/L
GGT			55*	[9-54]	U/L
A ⁺ PHOS			67	[39-117]	U/L
L.			515*	[94-250]	U/L
BILIRUBIN TOTAL			1.9*	[0.2-1.0]	MG/DL
BILI DIRECT			1.1*	[0.0-0.2]	MG/DL
12/15/98 0627 NORM CA (PH 7.4)				UNABLE TO CALCULATE NORM CA DUE TO HIGH PH	
12/15/98 0627 PHOSPHORUS				ICTERIC	
				FOOTNOTE ADDED ON 12/15/98 AT 0717 BY LISLSS	

URINE CHEMISTRY

	12/20/98 1045	REFERENCE:	UNITS:
HR. COLLECTION	12		HR
TOTAL VOLUME	4400		ML
TIMED URINE UREA NITROGEN			
UUN	251		MG/DL
UUN, TIMED	11		G/TIME
UUN, TIMED REFERENCE RANGE:	12 - 20 G/24 HR		
NOTE: REFERENCE RANGE CHANGED.			

Legend:

*= Out of Ref. Range, f= Footnote

ated Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

2

Discharge Date:

Continued..

CHEMISTRY URINE CHEMISTRY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

	12/19/98 2348	12/17/98 0839	12/17/98 0742	12/15/98 2326	REFERENCE:	UNITS:
TLD GENTA		0800	UN	1330		
TYPE (GENTA)		PEAK	TROUGH	PHARMACO		
GENTAMICIN		9.9f	0.9f	1.0f		UG/ML
TYPE (VANCO)	THROUGH					
TLD (VANCO)	1600					
VANCOMYCIN	7.2f					UG/ML
	12/15/98 1925	12/15/98 1734			REFERENCE:	UNITS:
TLD GENTA	1330	1330				
TYPE (GENTA)	PHARMACO	RANDOM				
GENTAMICIN	2.4f	4.8f				UG/ML
GENTAMICIN	THERAPEUTIC RANGE:					
	TROUGH: LESS THAN 2.0 UG/ML					
	PEAK: 4.0-10.0 UG/ML					
	TOXIC: GREATER THAN 12.0 UG/ML					
VANCOMYCIN	THERAPEUTIC RANGE:					
	TROUGH: 5 - 10 UG/ML					
	PEAK: 20 - 40 UG/ML					
	TOXIC: GREATER THAN 40 UG/ML					

Legend:
f Footnote

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

3

Discharge Date:

Continued..

TOXICOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

BLOOD GAS ANALYSIS

	12/19/98 0305	12/18/98 0219	12/17/98 0259	12/16/98 0243	REFERENCE:	UNITS:
SOURCE	ARTERIAL*	ARTERIAL*	ARTERIAL*	ARTERIAL*		
PT TEMP	39.3	37.3	37.7	37.0		C
FIO2	30	30	30			%
PH	7.44	7.42	7.45	7.47*	[7.35-7.45]	
PCO2	36	39	34*	32*	[35-45]	MMHG
PO2	86*	68*	76*	69*	[88-108]	MMHG
HCO3	24	25	23	24	[22-26]	MMOL/L
BE	2	1	0	1	[-2-2]	MMOL/L
OXYHGB	95.4	93.6*	95.0	94.6*	[95.0-100.0]	%
	12/15/98 0716	12/14/98 0740	12/14/98 0249		REFERENCE:	UNITS:
SOURCE	ARTERIAL	ARTERIAL*	ARTERIAL*			
PT TEMP	38.2C	39.3	38.7			C
FIO2	30%	30	50			%
PH	7.46*	7.49*	7.51*		[7.35-7.45]	
PCO2	37	37	37		[35-45]	MMHG
PO2	86*	79*	74*		[88-108]	MMHG
HCO3	26	28*	30*		[22-26]	MMOL/L
BE	4*	6*	8*		[-2-2]	MMOL/L
OXYHGB		96.0	95.2		[95.0-100.0]	%
T HGB		8.5*			[14.0-18.0]	G/DL

Legend:

*- Out of Ref. Range

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

4

Discharge Date:

Continued..

BLOOD GAS

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**HEMATOLOGY**

12/19/98	12/19/98	12/18/98	12/17/98
2348	0306	0219	0213

REFERENCE: UNITS:

HEMOPROFILE

HGB X 10x3	17.5*	14.7*	16.9*	23.8*	[4.8-10.8]	/CMM
HCT X 10x6	2.97*	2.85*	2.80*	2.39*	[4.70-6.10]	/CMM
HEMOGLOBIN	8.9*	8.3*	8.4*	8.7*	[14.0-18.0]	G/DL
HEMATOCRIT	26.4*	25.8*	25.4*	26.4*	[42.0-54.0]	%
MCV	89.0	90.7	90.7	90.4	[80.0-94.0]	FL
MCH	29.9	29.2	29.9	29.9	[27.0-31.0]	PG
MCHC	33.6	32.1	32.9	33.2	[32.0-36.0]	%
MW	14.7*			15.1*	[11.5-14.5]	%
PLATELET X 10x3	719*	652*	556*	223	[133-333]	/CMM
MPV	7.2*			7.6	[7.4-10.4]	FL

DIFFERENTIAL

NEUTROPHILS	85*	77	82	66	[43-84]	%
LYMPHOCYTES	3	1	2	5	[0-8]	%
MONOCYTES	8*	13	13	15	[12-42]	%
EOSINOPHILS	4	7	3	11	[1-13]	%
IMMATURE RBC'S		2		3	[0-6]	%
UCLEATED RBC'S		1	1	2		

BC MORPHOLOGY

RETICULOCYTE ESTIMATE	INC MOD*	INC MOD*	INC MOD*	NORMAL	[NORMAL]
POIKILOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT	
ANISOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT	

12/16/98	12/15/98	12/15/98	12/15/98
0243	1738	1242	0627

REFERENCE: UNITS:

EMOPROFILE

HGB X 10x3	17.4*		18.6*	[4.8-10.8]	/CMM	
HCT X 10x6	2.74*		2.86*	[4.70-6.10]	/CMM	
HEMOGLOBIN	8.4*	8.2*	8.2*	8.9*	[14.0-18.0]	G/DL
HEMATOCRIT	25.1*	25.3*	25.6*	26.1*	[42.0-54.0]	%
MCV	91.9			91.4	[80.0-94.0]	FL
MCH	30.5			31.1*	[27.0-31.0]	PG
MCHC	33.2			34.0	[32.0-36.0]	%
PLATELET X 10x3	426*		492*	[133-333]	/CMM	

FFERENTIAL

NEUTROPHILS	79	79	[43-84]	%
LYMPHOCYTES	2	2	[0-8]	%

Legend:

* Out of Ref. Range

P. Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

5

Discharge Date:

Continued..

HEMATOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**HEMATOLOGY**

12/16/98	12/15/98	12/15/98	12/15/98
0243	1738	1242	0627

REFERENCE: UNITS:

DIFFERENTIAL

	11*	8*	[12-42]	%
PHOCYTES	11*	8*	[12-42]	%
OCYTES	6	7	[1-13]	%
INOPHILS	2	2	[0-6]	%
MYELOCYTES		2*	[< 0]	%

MORPHOLOGY

ESTIMATE	INC SL	INC SL	[NORMAL]
ILOCYTOSIS		SLIGHT	
OCYTOSIS	SLIGHT	SLIGHT	

12/15/98	12/14/98	12/14/98	12/14/98
0418	2141	1554	1416

REFERENCE: UNITS:

OP FILE

	8.7*	8.8*	9.0*	8.9*	[14.0-18.0]	G/DL
GL	8.7*	8.8*	9.0*	8.9*	[14.0-18.0]	G/DL
TOCRIT	26.9*	26.2*	28.0*	27.8*	[42.0-54.0]	%

12/14/98
0331

REFERENCE: UNITS:

OPROFILE

	15.3*	2.59*	7.7*	23.3*	90.0	29.6	32.9	14.4	459*	7.2*	[4.8-10.8]	/CMM
X 10x3	15.3*	2.59*	7.7*	23.3*	90.0	29.6	32.9	14.4	459*	7.2*	[4.8-10.8]	/CMM
X 10x6											[4.70-6.10]	/CMM
GLOBIN											[14.0-18.0]	G/DL
OCRIT											[42.0-54.0]	%
											[80.0-94.0]	FL
											[27.0-31.0]	PG
											[32.0-36.0]	%
											[11.5-14.5]	%
LET X 10x3											[133-333]	/CMM
											[7.4-10.4]	FL

DIFFERENTIAL

	76	13	8	3	[43-84]	%
OCYTES	76	13	8	3	[43-84]	%
YTES					[12-42]	%
OPHILS					[1-13]	%
					[0-6]	%

d:
t of Ref. Range

ted L Time

12/20/1998 2134

CUMULATIVE-CUTOFF

6

arge Date:

Continued..

HEMATOLOGY

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**HEMATOLOGY**12/14/98
0331

REFERENCE: UNITS:

MORPHOLOGYESTIMATE INC SL
LEUCOCYTOSIS SLIGHT
ERYTHROCYTOSIS SLIGHT

[NORMAL]

URINALYSIS12/15/98
0954

REFERENCE: UNITS:

MACROSCOPIC ANALYSISR DK YELLO
IF SLIGHT
URINARY 1.025
5.0
EIN 1+*
OSE NEGATIVE
NES TRACE
D LARGE*
RUBIN POSITIVE*f
ILINOGEN >=8.0*
ERYTHROCYTE ESTER SMALL*
BILIRUBIN POSITIVE*[CLEAR]
[1.005-1.035]
[4.5-8.0]
[NEGATIVE]
[NEGATIVE]
[NEGATIVE]
[NEGATIVE]
[NEGATIVE]
[NEGATIVE]
[0.1-1.0] EU/DL
[NEGATIVE]
[NEGATIVE]**MICROSCOPIC ANALYSIS**MOUS EPITH FEW
IPF 20-25*
IPF 13-18*
URIA FEW
FEW
HOUS FEW[/HPF]
[/LPF]
[/LPF]d:
t of Ref. Range, f= Footnote
UBIN..... 12/15/98 0954 Confirmed by Ictotest.

ea Time

12/20/1998 2134

CUMULATIVE-CUTOFF

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urge Date:

Continued..

URINALYSIS

HEMATOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 1
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**IMMUNOLOGY**12/19/98
2348

EALBUMIN

7.2

*

REFERENCE:
(18.0-45.0)UNITS:
MG/DL**BLOOD BANK****BLOOD GROUP AND TYPE**12/14/98 0707 ABO/RH TYPE
A POS**ANTIBODY SCREENING AND TESTING**12/14/98 0707 ANTIBODY SCREEN
NEGATIVE**BLOOD COMPONENT TRANSFUSION SUMMARY**

DONOR NUMBER	PRODUCT/BLOOD COMPONENT	TRANSFUSION DATE
3513906	PLASMA	12/07/98
3511705	PLASMA	12/07/98
105956831	RBC	12/14/98
105953950	RBC	12/14/98
3518872	RBC	12/07/98
3502544	RBC	12/07/98
3520066	RBC	12/07/98
3518845	RBC	12/07/98
3511872	RBC	12/07/98
192373107	RBC	12/07/98
3511589	RBC	12/07/98
192373100	RBC	12/07/98
3506032	RBC	12/07/98
3500756	RBC	12/07/98
3502091	RBC	12/07/98
105955036	RBC	12/07/98

end:
Out of Ref. Range

Print Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

8

Discharge Date:

Continued..

IMMUNOLOGY BLOOD BANK BLOOD BANK

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

BLOOD BANK CROSSMATCH SECTION

DONOR NUMBER	XM RESULT	XM DATE
105956831	COMPAT	12/14/98
105953950	COMPAT	12/14/98

MICROBIOLOGY - BLOOD CULTURES

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25178	COLLECTED: 09DEC98 1040
SOURCE: BLOOD		RECEIVED: 09DEC98 1159
R ARM		

----- FINAL REPORT -----

12/15/98 1413

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25179	COLLECTED: 09DEC98 1040
SOURCE: BLOOD		RECEIVED: 09DEC98 1200

----- FINAL REPORT -----

12/15/98 1413

NO GROWTH AT 5 DAYS

Print Date/Time

12/20/1998 2134

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CUMULATIVE-CUTOFF

Discharge Date:

Continued..

MICROBIOLOGY

BLOOD BANK

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**MICROBIOLOGY - BLOOD CULTURES**

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25452	COLLECTED: 13DEC98 0803
SOURCE: BLOOD		RECEIVED: 13DEC98 1323
LINE		

----- FINAL REPORT -----

12/16/98 1034

AEROBIC AND ANAEROBIC BOTTLES:
ESCHERICHIA COLI

----- SUSCEPTIBILITY TESTING -----

E COLI
MIC INTERP

MIKACIN	S
MPICILL/SULBAC	R
MPICILLIN	R
EFAZOLIN	R
EFIPIME	S
EFOTAXIME	S
EF TIN	S
EF LIDIME	S
IPIROFLOXACIN	S
ENTAMICIN	S
MIPENEM	S
EVOFLOXACIN	S
IPERACILLIN	R
IPERCIL/TAZO	S
OBRAMYCIN	S
RIMETH/SULFA	R

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25453	COLLECTED: 13DEC98 0804
SOURCE: BLOOD		RECEIVED: 13DEC98 1324
LF RADIAL LINE		

----- FINAL REPORT -----

12/16/98 1037

AEROBIC AND ANAEROBIC BOTTLES:
GRAM NEGATIVE RODS, LACTOSE FERMENTERS
REFER TO CULTURE # BC-98-25452 FOR IDENTIFICATION AND
SUSCEPTIBILITY RESULTS

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

10

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services -**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**MICROBIOLOGY - BLOOD CULTURES**

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25623	COLLECTED: 15DEC98 0954
SOURCE: BLOOD		RECEIVED: 15DEC98 1548

----- PRELIMINARY REPORT -----

12/20/98 1503

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25624	COLLECTED: 15DEC98 1549
SOURCE: BLOOD		RECEIVED: 15DEC98 1549

----- PRELIMINARY REPORT -----

12/20/98 1503

NO GROWTH AT 5 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25902	COLLECTED: 18DEC98 1152
SOURCE: BLOOD		RECEIVED: 18DEC98 1542

A LINE

----- PRELIMINARY REPORT -----

12/20/98 1500

NO GROWTH AT 2 DAYS

BLOOD CULTURE-AUTOMATED	ACCESSION # BC-98-25904	COLLECTED: 18DEC98 1153
SOURCE: BLOOD		RECEIVED: 18DEC98 1544

R BRACHIAL

----- PRELIMINARY REPORT -----

12/20/98 1341

AEROBIC BOTTLE: GRAM POSITIVE COCCI IN CLUSTERS
CALLED LYDIA GONZALES, SIC2, X44290 12/20/98 1345

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

11

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

MICROBIOLOGY - ROUTINE

RESPIRATORY CULT/GRAM ST ACCESSION # 98-352-3203 COLLECTED: 18DEC98 1159
SOURCE: SPUTUM RECEIVED: 18DEC98 1945

----- STAINS/PREPARATIONS -----
GRAM STAIN 12/18/98 2249
FEW WBC'S; NO SQUAMOUS EPITHELIAL CELLS;
NO ORGANISMS SEEN

----- FINAL REPORT -----
12/20/98 1010
FEW UPPER RESPIRATORY FLORA

URINE CULTURE ACCESSION # 98-352-2219 COLLECTED: 18DEC98 1152
SOURCE: CLEAN CATCH URINE RECEIVED: 18DEC98 1357

----- FINAL REPORT -----
12/20/98 1249
NO GROWTH AT 2 DAYS

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

12

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: - WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

MICROBIOLOGY - ROUTINE

BODY FLUID/TISSUE CULT W/GRAM ST ACCESSION # 98-349-4335
SOURCE: BODY FLUID, OTHER
ABSCESS

COLLECTED: 15DEC98 2328
RECEIVED: 15DEC98 2328

----- STAINS/PREPARATIONS -----

GRAM STAIN 12/16/98 1404
MODERATE WBC'S;
NO SQUAMOUS EPITHELIAL CELLS;
RARE GRAM NEGATIVE RODS
GRAM POSITIVE COCCI IN PAIRS

----- FINAL REPORT -----

12/19/98 1139
MANY GROUP D STREPTOCOCCUS, ENTEROCOCCUS
MODERATE ENTEROBACTER AEROGENES
FEW ESCHERICHIA COLI

----- SUSCEPTIBILITY TESTING -----

	STREPT MIC INTERP	ENTERO INTERP	E COLI INTERP
AMIKACIN		S	S
AMPICILLIN	R	R	R
CEFAZOLIN		R	I
CEFTPIRIME		S	S
CEFTOXIME		S	S
CEFOXITIN		S	
CEFTAZIDIME		S	S
GENTAMICIN		S	S
GENTAMICIN 500	S		
IMIPENEM		S	S
LEVOFLOXACIN		S	S
PIPERACILLIN		S	R
PIPERCIL/TAZO		S	S
STREP 1000	S		
TOBRAMYCIN		S	S
VANCOMYCIN	S		

ANAEROBIC CULTURE

ACCESSION # 98-349-4335
SOURCE: BODY FLUID, OTHER
ABSCESS

COLLECTED: 15DEC98 2328
RECEIVED: 15DEC98 2328

----- PRELIMINARY REPORT -----

12/18/98 1430
NO ANAEROBES AFTER 2 DAYS

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

13

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

MICROBIOLOGY - ROUTINE

CATH TIP CULTURE
SOURCE: TIP

ACCESSION # 98-349-4108

COLLECTED: 15DEC98 1454
RECEIVED: 15DEC98 2238

----- FINAL REPORT -----

12/18/98 1059

NO GROWTH AT 3 DAYS

URINE CULTURE
SOURCE: CLEAN CATCH URINE

ACCESSION # 98-349-2707

COLLECTED: 15DEC98 1454
RECEIVED: 15DEC98 1556

----- FINAL REPORT -----

12/17/98 1035

NO GROWTH AT 2 DAYS

LABORATORY CULT/GRAM ST
SOURCE: SPUTUM

ACCESSION # 98-347-0831

COLLECTED: 13DEC98 0803
RECEIVED: 13DEC98 1259

----- STAINS/PREPARATIONS -----

GRAM STAIN

12/14/98 0532

MANY WBC'S;

RARE SQUAMOUS EPITHELIAL CELLS;

RARE GRAM POSITIVE COCCI IN PAIRS

----- FINAL REPORT -----

12/15/98 1254

FEW UPPER RESPIRATORY FLORA

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

14

Discharge Date:

Continued..

MICROBIOLOGY

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

MICROBIOLOGY - MISCELLANEOUS

MRSA CULTURE	ACCESSION # 98-348-0985	COLLECTED: 14DEC98 1006
SOURCE: NASAL SWAB		RECEIVED: 14DEC98 1006

----- FINAL REPORT -----

12/16/98 1545
NO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS ISOLATED

MRSA CULTURE	ACCESSION # 98-348-0986	COLLECTED: 14DEC98 1006
SOURCE: RECTAL SWAB		RECEIVED: 14DEC98 1006

----- FINAL REPORT -----

12/16/98 1543
NO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS ISOLATED

NON-RESISTANT ACINETOBACTER SCREEN	ACCESSION # 98-348-0985	COLLECTED: 14DEC98 1006
SOURCE: NASAL SWAB		RECEIVED: 14DEC98 1006

----- FINAL REPORT -----

12/16/98 1545
NO ACINETOBACTER ISOLATED

RESISTANT ACINETOBACTER SCREEN	ACCESSION # 98-348-0986	COLLECTED: 14DEC98 1006
SOURCE: RECTAL SWAB		RECEIVED: 14DEC98 1006

----- FINAL REPORT -----

12/16/98 1544
NO ACINETOBACTER ISOLATED

MRSA CULTURE	ACCESSION # 98-351-1335	COLLECTED: 17DEC98 0130
SOURCE: NASAL SWAB		RECEIVED: 17DEC98 0829

----- FINAL REPORT -----

12/19/98 1352
NO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS ISOLATED

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

16

Discharge Date:

Continued..

MICROBIOLOGY

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

MICROBIOLOGY - MISCELLANEOUS

MRSA CULTURE
SOURCE: RECTAL SWAB

ACCESSION # 98-351-1336

COLLECTED: 17DEC98 0130
RECEIVED: 17DEC98 0829

----- FINAL REPORT -----

12/19/98 1351

NO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS ISOLATED

RESISTANT ACINETOBACTER SCREEN ACCESSION # 98-351-1335
SOURCE: NASAL SWAB

COLLECTED: 17DEC98 0130
RECEIVED: 17DEC98 0829

----- FINAL REPORT -----

12/19/98 1353

NO ACINETOBACTER ISOLATED

RESISTANT ACINETOBACTER SCREEN ACCESSION # 98-351-1336
SOURCE: RECTAL SWAB

COLLECTED: 17DEC98 0130
RECEIVED: 17DEC98 0829

----- FINAL REPORT -----

12/19/98 1351

NO ACINETOBACTER ISOLATED

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

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Discharge Date:

Continued..

MICROBIOLOGY

DYNACARE HERMANN
Laboratory Services

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 1
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

CANCELLED ORDERS

12/19/98	1453	CATH TIP CULTURE	ORDERED IN ERROR
12/19/98	1452	CATH TIP CULTURE	ORDERED IN ERROR
12/19/98	0836	TOTAL BILIRUBIN	ORDERED IN ERROR
12/18/98	1152	RESPIRATORY CULT/GRAM ST	MEDICAL CONTRAINDICATIONS
12/17/98	0213	OXYHEMOGLOBIN	Specimen Clotted. Order cancelled.
12/17/98	0213	ARTERIAL BLOOD GAS	Specimen Clotted. Order cancelled.
12/17/98	0213	ARTERIAL BLOOD GAS/OXY PANEL	Specimen Clotted. Order cancelled.
LARGE CLOT; RICK MANRIQ. NOTIF. 02:37			
12/15/98	2059	OXYHEMOGLOBIN	Specimen unacceptable for testing.
12/15/98	2059	ARTERIAL BLOOD GAS	Specimen unacceptable for testing.
12/15/98	2059	ARTERIAL BLOOD GAS/OXY PANEL	Specimen unacceptable for testing.
SPECIMEN MISLABLED, NOTIFIED BRANT TO RECOLLECT 12/15/98 21:21			

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

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Discharge Date:

Continued..

CANCELLED

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**PENDING ORDERS**

12/20/98	0525	TIMED UREA NITROGEN		DRAWN
12/20/98	0355	PREALBUMIN		DRAWN
12/19/98	0305	OXYHEMOGLOBIN		DRAWN
12/19/98	0305	ARTERIAL BLOOD GAS		DRAWN
12/19/98	0305	ARTERIAL BLOOD GAS/OXY PANEL		DRAWN
12/19/98	0305	HEMOPROFILE/PLATELET		DRAWN
12/19/98	0305	HEMOPROFILE & DIFF & PLATELET		DRAWN
12/19/98	0305	DIFFERENTIAL		DRAWN
12/18/98	1153	BLOOD CULTURE-AUTOMATED	BC-98-25904	PRELIM
12/18/98	1152	BLOOD CULTURE-AUTOMATED	BC-98-25902	PRELIM
12/17/98	0256	OXYHEMOGLOBIN		DRAWN
12/17/98	0256	ARTERIAL BLOOD GAS		DRAWN
12/17/98	0256	ARTERIAL BLOOD GAS/OXY PANEL		DRAWN
12/17/98	0213	CHEM 7 / BASIC METABOLIC SCRIN		DRAWN
12/17/98	0213	CHEM 7, MG, PHOS, ION CA PANEL		PROCES
12/17/98	0130	MRSA CULTURE		DRAWN
12/17/98	0130	RESISTANT ACINETOBACTER SCREEN		DRAWN
12/15/98	2328	ANAEROBIC CULTURE	98-349-4335	PRELIM
12/15/98	2328	FUNGUS CULTURE W/SMEAR	98-349-4335	STAIN
12/15/98	1549	BLOOD CULTURE-AUTOMATED	BC-98-25624	PRELIM
12/15/98	0954	BLOOD CULTURE-AUTOMATED	BC-98-25623	PRELIM

Printed Date/Time

12/20/1998 2134

CUMULATIVE-CUTOFF

19

Discharge Date:

End of Report

PENDING

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**WHOLE BLOOD CHEMISTRY**

	12/07/98 0335	12/07/98 0241	REFERENCE:	UNITS:
NA WB	136	136	[135-145]	MEQ/L
K WB	5.2*	3.9	[3.5-5.0]	MEQ/L
GLUCOSE WB	261*	289*	[65-110]	MG/DL

GENERAL CHEMISTRY

	12/13/98 1156	12/13/98 0317	12/12/98 0228	12/11/98 0321	REFERENCE:	UNITS:
SODIUM		137	139	138	[135-145]	MEQ/L
POTASSIUM		5.2*	4.1	3.9	[3.5-5.0]	MEQ/L
CHLORIDE		103	105	103	[95-109]	MEQ/L
CO2		30	30	32	[24-32]	MEQ/L
UREA NITROGEN		0.9	0.8	0.8	[0.5-1.4]	MG/DL
		16	12	14	[10-20]	MG/DL
GLUCOSE		201*	135*	129*	[65-110]	MG/DL
MAGNESIUM		2.0			[1.8-3.0]	MG/DL
ALT (SGPT)	196*			619*	[0-40]	U/L
AST (SGOT)	49*			112*	[0-37]	U/L
GGT	60*			76*	[9-54]	U/L
ALK PHOS	95			91	[39-117]	U/L
LDH	596*			884*	[94-250]	U/L
BILIRUBIN TOTAL	2.3*			1.0	[0.2-1.0]	MG/DL
BILI DIRECT	1.5*			0.4*	[0.0-0.2]	MG/DL

	12/10/98 0253	12/08/98 0407	12/07/98 0525	12/07/98 0028	REFERENCE:	UNITS:
SODIUM	141	141	139	137	[135-145]	MEQ/L
POTASSIUM	3.8	5.0	4.6	3.5	[3.5-5.0]	MEQ/L
CHLORIDE	104	108	112*	103	[95-109]	MEQ/L
CO2	35*	25	20*	24	[24-32]	MEQ/L
CREATININE	0.8	1.1f	0.8	1.5*	[0.5-1.4]	MG/DL
BUN	14	15	13	14	[10-20]	MG/DL
GLUCOSE	119*	146*	229*	173*	[65-110]	MG/DL
IONIZED CALCIUM		1.05*	0.96*		[1.16-1.30]	MMOL/L
IONIZED CALCIUM		4.20*	3.84*		[4.65-5.20]	MG/DL
NORM CA (PH 7.4)		1.11*	0.93*		[1.16-1.30]	MMOL/L
NORM CA (PH 7.4)		4.44*	3.72*		[4.65-5.20]	MG/DL

12/08/98 0407 CREATININE SLIGHT HEMOLYSIS

Legend:

* out of Ref. Range, f= Footnote

Printed Date/Time

12/13/1998 2133

CUMULATIVE-CUTOFF

1

Discharge Date:

Continued..

CHEMISTRY CHEMISTRY

**DYNACARE HERMANN
Laboratory-Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**GENERAL CHEMISTRY**

	12/10/98 0253	12/08/98 0407	12/07/98 0525	12/07/98 0028	REFERENCE:	UNITS:
PHOSPHORUS		2.3*	2.5		[2.5-4.5]	MG/DL
MAGNESIUM		1.1*	1.1*		[1.8-3.0]	MG/DL
ALT (SGPT)			648*		[0-40]	U/L
AST (SGOT)			506*		[0-37]	U/L
GGT			41		[9-54]	U/L
ALK PHOS			37*		[39-117]	U/L
LDH			1386*		[94-250]	U/L
BILIRUBIN TOTAL			1.6*		[0.2-1.0]	MG/DL
BILI DIRECT			0.8*		[0.0-0.2]	MG/DL
AMYLASE			73f		[28-100]	U/L
LIPASE			< 20*f		[30-190]	U/L
AMYLASE	NOTE: (09/03/98) REFERENCE RANGE CHANGED.					
LIPASE	Please note: Units of measure and Reference Range changed 06/06/97.					

12/07/98
0042

REFERENCE: UNITS:

ALCOHOL LEVELALCOHOL, PLASMA <0.013f
ALCOHOL, PLASMA NORMAL: LESS THAN 0.013%
TOXIC: GREATER THAN 0.1%

%

SCREEN FOR DRUGS OF ABUSE

AMPHETAMINES	NEGATIVE	[NEGATIVE]
BARBITURATES	NEGATIVE	[NEGATIVE]
BENZODIAZEPINES	NEGATIVE	[NEGATIVE]
COCAINE	NEGATIVE	[NEGATIVE]
OPIATES	POSITIVE*	[NEGATIVE]
HC (MARIJUANA)	NEGATIVEf	[NEGATIVE]
HC (MARIJUANA)	NOTE: ADS Screen: Drugs reported as positive have not been confirmed by a second method. To order confirmation, contact Laboratory.	

Legend:

* = Out of Ref. Range, f = Footnote

Printed Date/Time

12/13/1998 2133

CUMULATIVE-CUTOFF

2

Discharge Date:

Continued..

CHEMISTRY TOXICOLOGY

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**BLOOD GAS ANALYSIS**

	12/13/98 1039	12/13/98 0215	12/12/98 2357	12/12/98 1127	REFERENCE:	UNITS:
SOURCE	ARTERIAL*	ARTERIAL*	ARTERIAL*	ARTERIAL*		
PT TEMP	38.6	37.2	37.6	36.7		C
FIO2	100	100	100	30		%
PH	7.44	7.40	7.37	7.46*	[7.35-7.45]	
PCO2	43	47*	51*	39	[35-45]	MMHG
PO2	159*	336*	70*	78*	[88-108]	MMHG
HCO3	29*	29*	29*	28*	[22-26]	MMOL/L
BE	6*	5*	4*	4*	[-2-2]	MMOL/L
OXYHGB	97.7	97.6	93.6*	95.6	[95.0-100.0]	%
T HGB	9.3*			10.1*	[14.0-18.0]	G/DL
	12/10/98 0451	12/10/98 0253	12/09/98 0257	12/08/98 0621	REFERENCE:	UNITS:
SOURCE	ARTERIAL*	ARTERIAL*	ARTERIAL*	ARTERIAL*		
PT TEMP	38.9	38.5	39.0	38.3		C
F	30	30	40	30		%
PH	7.48*	7.44	7.45	7.43	[7.35-7.45]	
PCO2	44	49*	45	44	[35-45]	MMHG
PO2	67*	58*	76*	77*	[88-108]	MMHG
HCO3	33*	33*	31*	29*	[22-26]	MMOL/L
BE	9*	9*	8*	5*	[-2-2]	MMOL/L
OXYHGB	92.7*	88.9*	94.1*	95.0	[95.0-100.0]	%
	12/07/98 0530	12/07/98 0335	12/07/98 0241		REFERENCE:	UNITS:
SOURCE	ARTERIAL*	ARTERIAL*	ARTERIAL*			
PT TEMP	36.8	37.0	35.8			C
FIO2	40		100			%
PH	7.29*	7.24*	7.32*		[7.35-7.45]	
PCO2	41	52*	44		[35-45]	MMHG
PO2	141*	111*	394*		[88-108]	MMHG
HCO3	20*	22	23		[22-26]	MMOL/L
BE	-6*	-5*	-3*		[-2-2]	MMOL/L
OXYHGB	97.1				[95.0-100.0]	%
T HGB	13.9*				[14.0-18.0]	G/DL

Legend:

* at of Ref. Range

Printed Date/Time

12/13/1998 2133

CUMULATIVE-CUTOFF

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Discharge Date:

Continued..

BLOOD GAS

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**HEMATOLOGY**

	12/13/98 0317	12/12/98 0228	12/11/98 0550	12/10/98 0253	REFERENCE:	UNITS:
HEMOPROFILE						
WBC X 10x3	31.0*	30.2*	27.7*	24.9*	[4.8-10.8]	/CMM
CORRECTED WBC			26.1			/CMM
RBC X 10x6	3.02*	3.16*	2.94*	3.12*	[4.70-6.10]	/CMM
HEMOGLOBIN	9.1*	9.7*	9.0*	9.6*	[14.0-18.0]	G/DL
HEMATOCRIT	27.1*	29.0*	27.6*	29.1*	[42.0-54.0]	%
MCV	89.7	91.7	93.8	93.3	[80.0-94.0]	FL
MCH	30.2	30.5	30.7	30.7	[27.0-31.0]	PG
MCHC	33.7	33.2	32.7	32.9	[32.0-36.0]	%
RDW	13.7	14.1			[11.5-14.5]	%
PLATELET X 10x3	453*	410*	306	214	[133-333]	/CMM
MPV	7.1*	6.9*			[7.4-10.4]	FL
DIFFERENTIAL						
P	85*	70	85*	84	[43-84]	%
B.	10*	7	4		[0-8]	%
LYMPHOCYTES	2*	13	7*	9*	[12-42]	%
MONOCYTES	2	4	3	7	[1-13]	%
EOSINOPHILS		5	1		[0-6]	%
METAMYELOCYTES	1*	1*			[< 0]	%
NUCLEATED RBC's	3		6	1		
RBC MORPHOLOGY						
PLT ESTIMATE	INC SL	INC SL	NORMAL	NORMAL	[NORMAL]	
POIKILOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT		
ANISOCYTOSIS	SLIGHT	SLIGHT	SLIGHT	SLIGHT		
POLYCHROMASIA	SLIGHT					

Legend:
* out of Ref. Range

Printed Date/Time

12/13/1998 2133

CUMULATIVE-CUTOFF

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Discharge Date:

Continued..

HEMATOLOGY

**DYNACARE HERMANN
Laboratory Services**6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: **WILFORD, KANE ****
(00000)96925490
Physician: **DUKE, JAMES H. (TRAUMA)**
Location: **SIC2 SIC2 19**
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**HEMATOLOGY**

	12/09/98 0257	12/08/98 0415	12/08/98 0122	12/07/98 1754	REFERENCE:	UNITS:
HEMOPROFILE						
WBC X 10x3		13.5*			[4.8-10.8]	/CMM
RBC X 10x6		3.54*			[4.70-6.10]	/CMM
HEMOGLOBIN	9.5*	10.7*	10.9*	12.6*	[14.0-18.0]	G/DL
HEMATOCRIT	28.1*	32.3*	31.8*	35.7*	[42.0-54.0]	%
MCV		91.3			[80.0-94.0]	FL
MCH		30.1			[27.0-31.0]	PG
MCHC		33.0			[32.0-36.0]	%
PLATELET X 10x3		101*			[133-333]	/CMM
DIFFERENTIAL						
POLYS		81			[43-84]	%
BANDS		1			[0-8]	%
LYMPHOCYTES		12			[12-42]	%
MONOCYTES		5			[1-13]	%
MYELOCYTES		1*			[< 0]	%
RBC MORPHOLOGY						
PLT ESTIMATE		DEC SL			[NORMAL]	
POIKILOCYTOSIS		SLIGHT				
ANISOCYTOSIS		SLIGHT				

	12/07/98 1201	12/07/98 0530	12/07/98 0335	12/07/98 0241	REFERENCE:	UNITS:
HEMOPROFILE						
WBC X 10x3		16.5*			[4.8-10.8]	/CMM
RBC X 10x6		4.45*			[4.70-6.10]	/CMM
HEMOGLOBIN	13.5*	13.4*	12.2*	8.4*	[14.0-18.0]	G/DL
HEMATOCRIT	41.4*	40.2*	36.7*	24.6*	[42.0-54.0]	%
MCV		90.3			[80.0-94.0]	FL
MCH		30.2			[27.0-31.0]	PG
MCHC		33.4			[32.0-36.0]	%
PLATELET X 10x3		87*			[133-333]	/CMM
DIFFERENTIAL						
POLYS		76			[43-84]	%
BANDS		5			[0-8]	%
LYMPHOCYTES		15			[12-42]	%
MONOCYTES		4			[1-13]	%

Legend:

* = Out of Ref. Range

Printed Date/Time

12/13/1998 2133

CUMULATIVE-CUTOFF

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Discharge Date:

Continued..

HEMATOLOGY

DYNACARE HERMANN
Laboratory Services6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M**HEMATOLOGY**

12/07/98	12/07/98	12/07/98	12/07/98
1201	0530	0335	0241

REFERENCE: UNITS:

[NORMAL]

RBC MORPHOLOGYPLT ESTIMATE
POIKILOCYTOSIS
ANISOCYTOSISDEC SL
SLIGHT
SLIGHT12/07/98
0028

REFERENCE: UNITS:

HEMOPROFILEHEMOGLOBIN
HEMATOCRIT12.6*
36.3*[14.0-18.0] G/DL
[42.0-54.0] %**COAGULATION**

12/07/98	12/07/98
0525	0042

REFERENCE: UNITS:

[11.1-13.1] SEC

[25.0-34.0] SEC

PROTIME	14.2*	12.0
INR	1.39f	0.98f
PTT	33.7	21.7*

Legend:

= Out of Ref. Range, f= Footnote

NR

RECOMMENDED RANGES FOR PROTIME INR:

2.0-3.0 for most medical and surgical thromboembolic states.

3.0-4.5 for artificial heart valves and recurrent embolism.

Printed Date/Time

12/13/1998 2133

CUMULATIVE-CUTOFF

7

Discharge Date:

Continued..

COAGULATION

HEMATOLOGY

HERMANN HOSPITAL
 DEPARTMENT OF RADIOLOGY
 TEXAS MEDICAL CENTER
 6411 FANNIN
 HOUSTON, TX 77030-1501
 (713) 797-2800
 (713) 793-5344 (FAX)

=====

PROFESSIONAL SERVICES PROVIDED BY:
 DEPARTMENT OF RADIOLOGY
 THE UNIVERSITY OF TEXAS
 MEDICAL SCHOOL AT HOUSTON
 6431 FANNIN, SUITE 2.132
 HOUSTON, TX 77030
 (713) 792-5235

PT NAME: WILFORD , KANE **
 DOB: 05/14/1974 AGE: 24 SEX: M
 MR#: 96925490 9367 STATUS: IA

ORD'D BY: DUKE, JAMES H. (TRAUMA)
 DT PERF: 12/09/98 AT 19:20 HRS.
 REQUISITION NO: 01231909
 MED RECORDS (CHART) COPY

N/S: ORTR RM/BD: J553 OR VISIT CLINIC:
 INDICATIONS: OPN WOUND SITE NOS-COMP

EXAM(S) PERFORMED: ABDOMEN SINGLE VIEW

ABDOMINAL FILM, 12-09-98:

IMPRESSION:

1. The feeding tube tip is suboptimally located and recommend repositioning it.
2. The significance of distention of multiple small bowel loops is not clear from this one exam. This possibly represents ileus but correlation for an obstruction is suggested. Note that this film was obtained on 12-09-98, but just now submitted for interpretation 12-29-98.

FINDINGS: A nasogastric tube is coiled in the gastric lumen. A feeding tube is also coiled in the gastric lumen with its tip near the fundus. Multiple loops of air-distended large and small bowel are present. Some of the small bowel loops are pathologically dilated. A right upper quadrant drain is present assuming a course near the dome of the right lobe of the liver.

READ RADIOLOGIST:

ATTN MD: DUKE, JAMES H. (TRAUMA)

RESIDENT:

APPROV RAD:

RESULTS REC'D: 98/12/30 09:27

RESULTS APPROVED: 12/09/98 19:20

RESULTS READ :

**DYNACARE HERMANN
Laboratory Services**

6411 Fannin
Houston, Texas 77030-1501
(713) 704-5227

Account No. 969254909367 I
Patient: WILFORD, KANE **
(00000)96925490
Physician: DUKE, JAMES H. (TRAUMA)
Location: SIC2 SIC2 19
Date of Birth: 05/14/1974 Age: 24 YRS Sex: M

12/07/98
0042

REFERENCE: UNITS:

URINE DRUG SCREEN

URINE DRUG SCRN 12/07/98 0042
Presumptive for Opiate
Confirmed for Phenothiazines

URINE DRUG SCRN NOTE: Drugs reported as "Confirmed" have been identified by two independent methods. Drugs reported as "Presumptive" have been identified by only one method. (Additional confirmation may be obtained from outside reference laboratories at additional cost to the patient upon physician's request. The specimens will be retained for 1 week.)

DRUGS TESTED FOR IN URINE MEDICAL DRUG SCREEN

(*Class of drugs tested. See Laboratory Manual for individual drugs in each drugs in class)

*Barbiturates, *Benzodiazepines, *Opiates, *Phenothiazines,
*Sedative-Hypnotics, *Sympathomimetic Amines, *Tricyclic Antidepressants,
Acetaminophen, Carbamazepine, Cocaine/metabolite, Lidocaine, Methadone,
Phencyclidine, Propoxyphene, Salicylate, THC (Marijuana),
Diphenhydramine/Dimenhydrinate.

Printed Date/Time

12/13/1998 2133

CUMULATIVE-CUTOFF

3

Discharge Date:

Continued..

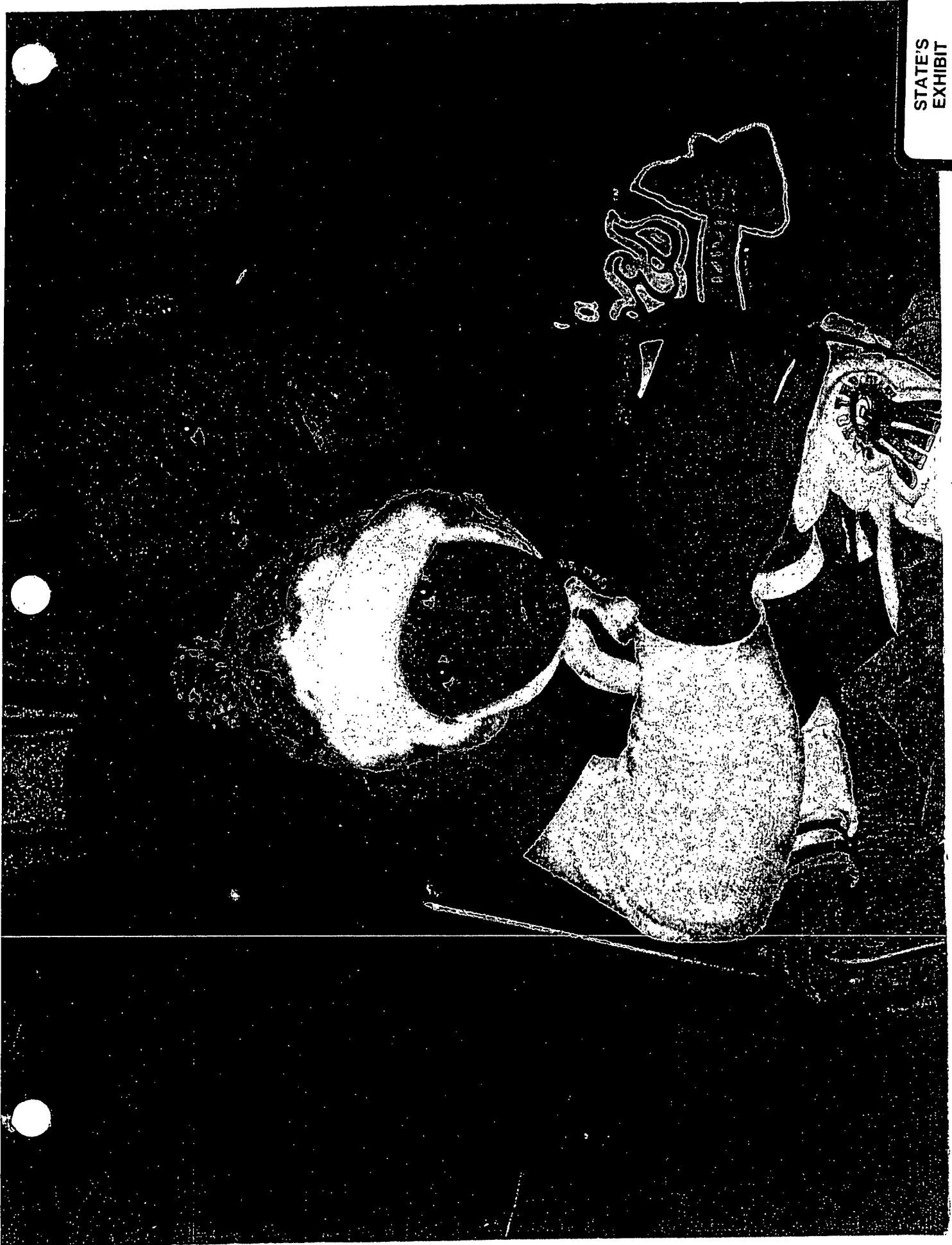
TOXICOLOGY

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STATE'S EXHIBIT NO. 128

STATE'S
EXHIBIT

128



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STATE'S EXHIBIT NO. 129

AFFIDAVIT

Before me, the undersigned authority, personally appeared RENEE SORENSEN, who being by me duly sworn, deposed as follows:

My name is Renee Sorensen and I am of sound mind, capable of making this affidavit, and am personally acquainted with the facts herein stated:

I am the custodian of the records of HERMANN HOSPITAL, 6411 FANNIN, HOUSTON, TEXAS 77030

Attached here are 132 pages of records from the medical records of:

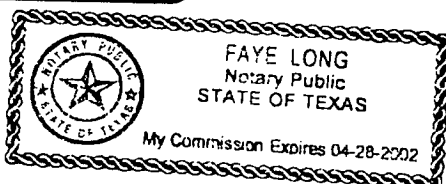
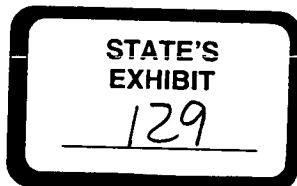
Kevin Walter AKA-Kane Wilford
(Name of Patient)

Hospital Stay Period: 1-10-99 - 1-16-99
(Admission and Discharge Date)

These said pages of records are kept by said Hospital in the regular course of business, and it was the regular course of business of said Hospital for an employee or representative of said Hospital, with knowledge of the act, event, condition, opinion or diagnosis recorded, to make the record was made at or near the time or reasonably soon thereafter. The record attached hereto is the original or exact duplicate of the original and no other documents exist on the files for the above named person, which pertain to the admission and discharge, noted above.

Renee Sorensen
(Signature)

SWORN TO AND SUBSCRIBED before me on this 6TH day of Oct, 1999.



Faye Long
Notary Public in and for the STATE OF TEXAS

FAYE LONG
(Printed Name)

My Commission Expires: 4-28-2002

HERMANN HOSPITAL

Patient Registration

PATIENT	INPAT	Privacy Code	Religion BAP	Pre Admit By	Admit By PRRMP	Print By NASMH	01/13/99	09:10
DATE	01/10/99	Time 15:05	MR Account Number 969254909010	Patient Location J602	Accom Data Z	Service TRM	Financial Class EMP/GROUP NON-	PC
AGE	24	Date of Birth 05/14/1974	Sex M	MS S	Social Security No. 459-35-3106	Race B	Admit Type EMERG	Admit Source ER
NAME	Patient's Name: WALTER, KEVIN				Patient's Spouse:			
ADDRESS	Patient's Address (1): 3817 BENNINGTON				Father's Name:			
ADDRESS	Patient's Address (2):				Mother's Name:			
CITY	City, State, Zip: HOUSTON TX 77016				Mother's Account Number:			
COUNTRY	Country/County: HAR Phone: 713-631-9092				Name: WALTER-DOMINO, TWANETTE Relation: M			
EMPLOYER	Patient's Employer: METROPOLITAN TRANSIT AUTH				Employer's Name:			
ADDRESS	Employer's Address (1): 1201 LOUISIANA				Home Phone: 713-633-7919			
ADDRESS	Employer's Address (2):				Work Phone: - - 0			
CITY	City, State, Zip: HOUSTON TX 77002				789.07 GENERALIZED ABD PAIN			
PHONE	Employer's Phone: 713-739-4000 Ext.: LOE: 0				Proc:			
OCCUPATION	Occupation: CLEANER				ELOS: 99			
GUARANTOR	Guarantor's Name: WALTER, KEVIN				Admitting Physician: DUKE, JAMES H. (TRAUMA)			
ADDRESS	CPI #: 96925490 DOB: 05/14/74				Physician: 713-797-2963			
ADDRESS	Address (1): 3817 BENNINGTON				Fax: 713-797-2963			
ADDRESS	Address (2):				Attending Physician: DUKE, JAMES H. (TRAUMA)			
CITY	City, State, Zip: HOUSTON TX 77016				Physician: 713-797-2963			
PHONE	Home Phone: 713-631-9092 Relation: P				Fax: 713-797-2963			
SSN	Social Security No.: 459-35-3106				PCP MACGREGOR CLINIC			
GUARANTOR	Guarantor's Employer: METROPOLITAN TRANSIT AUTH				Physician: 713-741-2273			
ADDRESS	Address (1): 1201 LOUISIANA				Fax: 713-741-2273			
ADDRESS	Address (2):				IPA:PHO:			
CITY	City, State, Zip: HOUSTON TX 77002				Referring Physician: MACGREGOR CLINIC			
PHONE	Work Phone: 713-739-4000 Ext.: 6				Address: 713-741-2273			
OCCUPATION	Occupation: CLEANER				City, State, Zip: HOUSTON TX 77030			
EFFECTIVE DATE	Effective Date: 09/01/97				Transferring Institution:			
INSURANCE	Insurance Co.: PRUDENTIAL HMO Code: P70				Last Hospital Activity Date			
INSURED	Insured: WALTER, KEVIN V				I/P			
SSN	S.S.# or Certificate#: 45935310601 (If w. Comp.):				O/P			
GROUP	Group#: 60535 Eff. Date: 12/04/98 Contr: PRUHMO				E/R			
VERIFIED	Verified				Clinic Site:			
WITH	With:				Life Flight #: MOA: C			
PHONE	Phone: 800-876-7778 Ext.:				Discount Type:			
AOB	AOB: Y Authorization: DR STADE OK							
MEDICARE	Medicare B: BlueShield:							
MAIL CLAIM	Mail Claim to: PRUDENTIAL HMO P.O. BOX 2884							
Rvw Agency	HOUSTON TX 77252 Ph.:							
COMMENTS	Comments: OU TO ADMIT APPR BY MARY K-CM				Info By: MOTHER			
DIAGNOSIS	Diagnosis Codes				Procedure Codes			



CC: #JAMES H. DUKE, M.D., FAX # 7135007268
CC: ZACHARIAH THOMAS, M.D.

HERMANN HOSPITAL

NAME OF PATIENT: WALTER, KEVIN
UNIT #: 96925490
SSN#: 1-16 2 05 11
DOB:
ROOM NUMBER:
DATE OF ADMISSION: 01/09/99
DATE OF DISCHARGE: 01/06/99
ATTENDING PHYSICIAN: #JAMES H. DUKE M.D.

ADMISSION DIAGNOSIS: Empyema.

DISCHARGE DIAGNOSIS: Empyema, liver abscess.

HISTORY OF PRESENT ILLNESS: This is a 24-year-old black male status post exploratory lap for a gunshot wound. He was sent home with an open wound and had open wound dressing changes by home health. He also had two drains placed in the right upper quadrant, one with bilious drainage and another with serosanguinous drainage. The patient came in with severe pain and abdominal cramping. He took some Vicodin and had severe nausea and slight fever.

HOSPITAL COURSE: The patient was admitted to the hospital for follow-up investigation and a CT scan of the abdomen was done which showed loculated effusions on the right lung base. There was drainage in the superior aspect of the liver with minimal fluid collection. The patient was admitted to the hospital. His complete blood cell count was white blood cell count 20.1, hemoglobin 8.4 and hematocrit 26.0. Sodium was 135, potassium 3.2, chloride 97, CO2 29, BUN 14, creatinine 1.3 and glucose of 157. His ALT was increased to 349, AST was increased to 270, GTT was 337, LDH 358, total bilirubin was 0.8. The patient was treated with intravenous antibiotics. Interventional Radiology did a guided right chest tube drainage and the right liver hematoma drainage. There was adequate drainage during the next few days. Later the drainage was decreased. On the day of discharge, the drainage from the abdominal drain was 10 cc and chest tube drainage was 10 cc. We plan to keep the drainage of the abdominal and chest to the leg bag and to continue draining it. The patient was treated with antibiotics, Ampicillin and Levoquin. The patient was tolerating a regular diet.

DISCHARGE SUMMARY
(CONTINUED)

HERMANN HOSPITAL

WALTER, KEVIN (C. WILFORD)
UNIT #: 96925490
PAGE 2

PROCEDURES:

1. January 11, 1999 - ultrasound guided placement of chest tube and left upper quadrant drainage perihepatic.
2. CT scan on January 9, 1998 - no fluid collection in costophrenic sulcus. Gram stain of the fluid showed Enterococcus.

CONDITION AT DISCHARGE: Condition at the time of discharge was stable.

DISCHARGE DIET: Discharge at the time of discharge was regular.

DISCHARGE MEDICATIONS: Ampicillin 500 mg q.i.d. and Levoquin 500 mg 1 q.d.

SPECIAL INSTRUCTIONS: Special instructions were given to keep the drainage of the right upper quadrant and the chest to the leg bag. Regular home health dressing changes to the open abdominal wound and regular.

FOLLOW-UP: He was instructed to follow-up with Dr. Duke in ten days and to call office number 704-6025 for an appointment.

Dictated by:

Reviewed by:

ZACHARIAH THOMAS M.D.
RESIDENT

#JAMES H. DUKE M.D.
ATTENDING PHYSICIAN

/92 J: 6778
D: 01/16/99

CL:
T: 01/19/99

DISCHARGE SUMMARY

3

Disclosure and Consent
Medical and Surgical Procedures

HERMANN HOSPITAL
DISC & CON MEDI & SUR PROC

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

4003



Patient Name _____
Last WALTER
First Kevin
Middle _____

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedures to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure

I (we) voluntarily request that Dr. Oden/Associates, as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, treat my condition which has been explained to me as: Bleoma drainage tube exchange and chest tube placement

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: Bleoma drainage tube exchange, Right chest tube placement and conscious sedation; intraoperative care

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) ☐ do ☐ do not consent to the use of blood and blood products as deemed necessary.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions and even death. I (we) also realize that the following risks and hazards may occur in connection with the particular procedure: pain, infection, bleeding, damage/injury to adjacent structures, contrast reaction

(See Following Pages)

I (We) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (We) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (We) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (We) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache or chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedures to be used and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) understand that no warranty or guarantee has been made to me as to result or cure.

I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

I (we) authorize my physician and the hospital to dispose of, in accordance with accustomed practice, any tissues or body parts surgically removed.

DATE 11 JUN 99 TIME 1041

Kevin Walter

Signature of Patient or Other Legally Responsible Person

[Signature]
Signature of Witness

6411 Fannin
Witness Address

Houston, Texas 77030-1501
Witness City, State, Zip Code

Consent could not be obtained in person. I explained by telephone all necessary information and obtained informed consent. The conversation was witnessed by the person whose signature appears above.

Signature of Physician

4

Disclosure and Consent
Medical and Surgical Procedures

HERMANN HOSPITAL
DISC & CON MEDI & SUR PROC

4003



96 92549 0 9010

WALTER, KEVIN
BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/10/99

Patient Name _____
Last _____
First _____
Middle _____

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedures to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure

I (we) voluntarily request that Dr. _____, as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, treat my condition which has been explained to me as: _____

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: _____

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

☒ I (we) ☐ do not consent to the use of blood and blood products as deemed necessary.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions and even death. I (we) also realize that the following risks and hazards may occur in connection with the particular procedure: _____

(See Following Pages)

I (We) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (We) realize the anesthesia may have to be changed possibly without explanation to me (us).

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I (we) have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedures to be used and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) understand that no warranty or guarantee has been made to me as to result or cure.

I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

I (we) authorize my physician and the hospital to dispose of, in accordance with accustomed practice, any tissues or body parts surgically removed.

DATE _____ TIME _____

X Kevin Walter

Signature of Patient or Other Legally Responsible Person

Joan V. R.

Signature of Witness

6411 Fannin
Witness Address

Houston, Texas 77030-1501
Witness City, State, Zip Code

Consent could not be obtained in person. I explained by telephone all necessary information and obtained informed consent. The conversation was witnessed by the person whose signature appears above.

Signature of Physician

RISKS AND HAZARDS

The following are the risks and hazards associated with treatments and procedures established by the Texas Medical Disclosure Panel. Full disclosure of these risks and hazards is required by the physician or health care provider to the patient or person authorized to consent for the patient.

- (i) The Texas Medical Disclosure Panel has not established a risk disclosure standard for the proposed procedure(s). My physician has discussed with me the risks of the procedure(s) such that I am able to give my informed consent.

PT. INITIALS

- (ii) Blood transfusions:
- (1) fever
 - (2) transfusion reaction, which may include kidney failure and/or anemia
 - (3) heart failure
 - (4) hepatitis
 - (5) AIDS
 - (6) other infections

PT. INITIALS

1. Anesthesia.

- ☐ (A) Epidural.
- (1) Risks are enumerated in the informed consent form.
- (B) General.
- (1) Risks are enumerated in the informed consent form.
- (C) Spinal.
- (1) Risks are enumerated in the informed consent form.

PT. INITIALS

Digestive system treatments and procedures.

- ☐ (A) Cholecystectomy with or without common bile duct exploration.
- (1) Pancreatitis.
 - (2) Injury to the tube between the liver and the bowel.
 - (3) Retained stones in the tube between the liver and the bowel.
 - (4) Narrowing or obstruction of the tube between the liver and the bowel.
 - (5) Injury to the bowel and/or intestinal obstruction.

PT. INITIALS

3. Ear treatments and procedures.

- ☐ (A) Stapedectomy.
- (1) Diminished or bad taste.
 - (2) Total or partial loss of hearing in the operated ear.
 - (3) Brief or long-standing dizziness.
 - (4) Eardrum hole requiring more surgery.
 - (5) Ringing in the ear.

PT. INITIALS

- ☐ (B) Reconstruction of auricle of ear for congenital deformity or trauma.
- (1) Less satisfactory appearance compared to possible alternative artificial ear.
 - (2) Exposure of implanted material.

PT. INITIALS

- ☐ (C) Tympanoplasty with mastoidectomy.
- (1) Facial nerve paralysis.
 - (2) Altered or loss of taste.
 - (3) Recurrence of original disease process.
 - (4) Total loss of hearing in operated ear.
 - (5) Dizziness.
 - (6) Ringing in the ear.

PT. INITIALS

4. Endocrine system treatments and procedures.

- ☐ (A) Thyroidectomy.
- (1) Injury to nerves resulting in hoarseness or impairment of speech.
 - (2) Injury to parathyroid glands resulting in low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness and muscle irritability.
 - (3) Lifelong requirement of thyroid medication.

PT. INITIALS

5. Eye treatments and procedures.

- ☐ (A) Eye muscle surgery.
- (1) Additional treatment and/or surgery.
 - (2) Double vision.
 - (3) Partial or total loss of vision.
- ☐ (B) Surgery for cataract with or without implantation of intraocular lens.
- (1) Complications requiring additional treatment and/or surgery.
 - (2) Need for glasses or contact lenses.
 - (3) Complications requiring the removal of implanted lens.
 - (4) Partial or total loss of vision.

PT. INITIALS

PT. INITIALS

- ☐ (C) Retinal or vitreous surgery.
- (1) Complications requiring additional treatment and/or surgery.
 - (2) Recurrence or spread of disease.
 - (3) Partial or total loss of vision.

PT. INITIALS

- ☐ (D) Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess, or trauma.
- (1) Worsening or unsatisfactory appearance.
 - (2) Creation of additional problems such as:
 - a. Poor healing or skin loss.
 - b. Nerve damage.
 - c. Painful or unattractive scarring.
 - d. Impairment of regional organs, such as eye or lip function.
 - (3) Recurrence of the original condition.

PT. INITIALS

- ☐ (E) Photocoagulation and/or cryotherapy.
- (1) Complications requiring additional treatment and/or surgery.
 - (2) Pain.
 - (3) Partial or total loss of vision.

PT. INITIALS

- ☐ (F) Corneal surgery, such as corneal transplant, refractive surgery and pterygium.
- (1) Complications requiring additional treatment and/or surgery.
 - (2) Possible pain.
 - (3) Need for glasses or contact lenses.
 - (4) Partial or total loss of vision.

PT. INITIALS

- ☐ (G) Glaucoma surgery by any method.
- (1) Complications requiring additional treatment and/or surgery.
 - (2) Worsening of the glaucoma.
 - (3) Pain.
 - (4) Partial or total loss of vision.

PT. INITIALS

6

Consents, Authorizations, Disclosures, And Waivers

HERMANN HOSPITAL

Con Auth Disc Waiv

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

2000



Patient Registration

CONSENT FOR MEDICAL TREATMENT

Knowing that I am suffering from a condition requiring hospital care, I hereby voluntarily consent to such hospital care encompassing diagnostic procedures and medical treatment by my physician, his/her assistants or his/her designees, as may be necessary in his/her judgment. I acknowledge that no guarantees have been made as to the result of treatments or examination in the hospital.

AUTHORIZATION FOR RELEASE OF INFORMATION & DISCLOSURE OF INFORMATION FOR HOSPITAL PAYMENT

The undersigned hereby authorizes Hermann Hospital to release to his/her doctor, insurance carrier, the Social Security Administration, its intermediaries or carriers, third party administrators, or any party that is or may be liable for all or part of the hospital charges, such diagnostic and therapeutic information (including any treatment for alcohol, drug abuse, or reportable communicable and/or sexually transmitted disease, including acquired immune deficiency syndrome or human immuno-deficiency virus infection) as may be necessary for the purpose of enabling the insurance carrier, third party administrator, or Social Security Administration to determine the benefits available to the patient for the services rendered during this period of hospitalization. I hereby authorize my employer or agent and Doctors to release any information necessary to determine benefits payable by any insurance policy or benefit plan under which I may be covered.

WAIVER FOR PERSONAL VALUABLES

The undersigned understands that Hermann Hospital is not responsible for personal effects, purses, wallets, dentures, property or valuables including rings, watches, and money unless same has been checked into the hospital safe and a receipt issued. Property checked into the safe will not be surrendered without receipt.

St. W. **PATIENT'S RIGHTS AND RESPONSIBILITIES:** The patient/guarantor acknowledges receipt of statement of the "Patient's Rights and Responsibilities."

MEDICARE PATIENTS: Medicare Certification and Authorization: I certify that the information given to apply for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

MEDICARE PATIENTS: An Important Message from Medicare: I acknowledge that I have been provided a copy of the notice entitled "An Important Message from Medicare" detailing my rights as a Medicare hospital patient and the procedure for requesting a review by the Peer Review Organization in this area.

CHAMPUS/CHAMPVA PATIENTS: If the patient is covered by CHAMPUS/CHAMPVA, "An Important Message from CHAMPUS" form has been presented to the patient or guarantor.

This form has been fully explained to me and I certify that I understand its contents.

Patient _____ Date _____ Witness *M. J. [Signature]*

Patient is ☐ a minor ☐ unable to consent because *47*

I hereby consent on his/her behalf and in his/her stead this _____ day of _____ 19 *99*

Signature of Closest Relative or Legal Guardian *Kyrette Walter* Print Name _____

Leaving Against Medical Advice

I, the undersigned am ☐ Leaving ☐ Taking _____

against medical advice at my own risk, and hereby release Hermann Hospital and attending doctors of all responsibility.

Signed _____ Print Name _____ Witness _____

These Above Consents And Disclosures Pertain To The Admission, Occasion Of Service On: _____ Date _____

Do Not Remove From
Medical Records

HERMANN HOSPITALConsents, Authorizations, Disclosures,
and Waivers**Patient Registration****96 92549 0 9010**WALTER, KEVIN
BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/09/99**AGREEMENTS, AUTHORIZATIONS, & IRREVOCABLE ASSIGNMENTS****FINANCIAL AGREEMENT**

The undersigned agrees, whether signing as patient, agent, guarantor, or otherwise for or on behalf of the patient, that in consideration of the services rendered to the patient, he/she hereby individually obligates himself/herself, jointly and severally, to pay Hermann Hospital (the "Hospital") for all hospital charges. Payment is due at time of service. Accounts not paid within 30 days of the date of invoice will be charged interest at the rate of 12% APR, compounded monthly, until paid. The undersigned authorizes the Hospital or its agents to verify any information received relative to the undersigned including applicable credit history, employment and insurance coverage status. Hospital specifically disavows any arrangements of monthly payments and that should such arrangements become necessary in the future that such must be agreed to by an authorized representative of the hospital and be in writing signed by such authorized representative.

ASSIGNMENT OF INSURANCE BENEFITS - HOSPITAL

In consideration of services rendered, the undersigned irrevocably assigns and transfers to Hermann Hospital (the "Hospital"), for himself/herself and dependents, all rights, title, and interest in the claims or causes of action regarding benefits payable for services rendered by the Hospital provided in any insurance policy(ies) or benefit plan. Said irrevocable assignment and transfer shall be for the purpose of granting the Hospital an independent right of recovery on said claims, policy(ies) of insurance or benefit plan against any third party but shall not be construed to be an obligation of the Hospital to pursue any such claim or right of recovery. The undersigned hereby irrevocably assigns to the Hospital all right, title, and interest in all claims or benefits payable out of any third-party action against any other person, entity, or insurance company, or out of recovery under the uninsured motorist provisions or the medical payment provisions of any automobile insurance policy(ies) under which the patient may be entitled to recover. The undersigned further authorizes and appoints the Hospital as attorney in fact to pursue on his/her behalf, any claim to which he/she may be entitled to pursue or otherwise obtain benefits from any responsible party, including but not limited to the Crime Victims Compensation Division of the Texas Attorney General's Office in the event that the patient's hospitalization is necessitated by injuries received as the result of a violent crime, but in no event shall this be construed to be an obligation of the hospital. The undersigned understands that if the Hospital is not paid in full by proceeds of any insurance policies or benefit plan the undersigned's assignment does not release his/her obligation and liability to the Hospital for payment of services and items provided by the Hospital in accordance with the financial agreement above.

ASSIGNMENT OF INSURANCE BENEFITS - DOCTOR

I hereby irrevocably assign to the Doctors, all rights, title and interest in the benefits payable to me by any insurance policy(ies) or benefit plan under which I am covered for services rendered by those Doctors. I understand that I am responsible to these Doctors for all charges not covered by this assignment and hereby promise to pay to the doctors any remaining balance. I further assign the amount necessary to pay their medical bills out of any recovery or settlement out of any third party action against any other person or his insurance company, or out of recovery under the uninsured motorist provision or the medical payment provisions of my automobile insurance policy. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or related Medicare claim. I request that payment of authorized benefits be made on my behalf.

DECLARATION: I have read and understand the above agreements, authorizations, and irrevocable assignments. The terms and consequences of this document have been fully explained to me and I have signed it freely and without inducement other than the rendition of services. All questions have been fully answered. I understand that physicians are independent contractors and are not employees of the Hospital.

A PHOTOCOPY OF THIS DOCUMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL

PATIENT SIGNATURE

DATE

KEVIN WALTER 1-9-99

GUARANTOR/INSURED SIGNATURE

DATE

Linda - 494888 1-9-99

WITNESS SIGNATURE

DATE

PRINT NAME

DATE

Lynnette WALTER (mother)

PRINT NAME

RELATIONSHIP

PRINT NAME

above AGREEMENTS, AUTHORIZATIONS, AND IRREVOCABLE ASSIGNMENTS pertain to the admission/occasion of
service on: 1-9-99

Do Not Remove From
Medical Records

8

VERMANN, JOSEPH AL
EMERGENCY CENTER RECORD
*RECEIVED JUL 24 1965 4 55-166

WALTER J. ELLIOTT
B N 24 Y 08/14/1974

DUKE, JAMES H. (MAGNA, TS:
2244 11/10/77 0014

TR

TIME: 0800 DATE: 10/27/79 TRIAGE NURSE: [illegible]
ARRIVAL CODE: 1 MODE OF INJURY: NONE, AND 1 [illegible]

PATIENT'S HOME PHONE: 412-471-4002 WORK PHONE: 412-471-4002

URGENCY CODE

TIME: 10:00 TEMP: 36.5 PULSE: 100 RESP: 20 BP: 120/80

IN ROOM	MP	WT.	POLICE NOTIFIED	PREVIOUS EC VISIT	EC SERVICE
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TIME	PHYSICIAN / PREFERRED CODE	TIME(S) NOTIFIED	TIME(S) RESPONDED / ARRIVED	COMMENTS
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[illegible]

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[illegible][illegible]

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[illegible]

PRE-ARRIVAL INFORMATION	CURRENT MEDICATIONS:			
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ALLERGIES.	2/20/71
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11	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	
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[illegible][illegible][illegible][illegible]

CC: -

CC: " "

At 15 2470 Black & thinks his "drain" is clogged. It has
abd pain/cramps. S/p GSW on 7 DEC 98 laparotomy & healing by
2nd intention & bid w/ drainage. A by HHC. Drains one bilious drainage
one for cerclage/infusion drainage. Drains flushed by home health earlier
this evening.

PM H_x: 2

PSHx & SN - liposarcoma

F H_x:

SOC H_y:

SOC H_x: ϕ Smoke / EtOH / Benzol

ROS:

ROS: 6 CD/303 BN/10

T: 100	P: 100	R: 100	BP: 100/70	GENERAL APPEARANCE:
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PE:

PE: *[Signature]*

F-15 Amberloft Deck @ Whitt

Gen AAO KB

Account: Acremont, PIGRL, TMS Clem, Nark Clem
Mouth of the Clem

Chest / Lum : CTA & Perip dist

CVS: RRR

Mod. SO_2 , NT, \oplus PS, about C Wet to Kdres/ey,

Ext AFROM: all ext

Almanac: Motor & Sensation, index!

PG 1, 2 SIGNATURES 3, 4

PG 3 4 5 SIGNATURE & ID

ATTENDING SIGNATURE & ID

9

2

HERMANN HOSPITAL
EMERGENCY CENTER RECORD

AGE 2

PRESS HARD YOU ARE MAKING 4 COPIES

DATE

01/04/99

TIME	DIAGNOSTIC INTERVENTIONS:	RESULTS/INTERPRETATIONS
		ALT 349 AST 270 GGT 337 Apha 281 LON 358 TB 1 0.8 DB 1 0.6 Amylase 74 Lipase 312 135/97 14/15 20.1 2.4 3.2 29 1.3 15 26.6 CT abd - (R) Localized effusion (L) Liver fluid collection & drain in place
	TREATMENT INTERVENTIONS:	
	Ø	
	OBSERVATIONS/CLINICAL COURSE SUMMARY:	
	Pt seen C. Faculty, Attending, Dr Hollingshead	
	ATTENDING PHYSICIAN'S COMMENTS:	
	24 hr Q do Abdo cramping pain? if drain occluded PMHs. GSW to Abdo & resected liver Abdo - S/P percutaneous drain Ex on... afebrile non-tender PMH CT Abdo → Abdo liver A/ Acute (R) Liver Abdo P/ Acute (R) Liver collection	
	CLINICAL IMPRESSIONS:	
	1. Localized effusion (R) 2. Fluid in Liver	3.
	DISCHARGE INSTRUCTIONS	DISCHARGE MED. (DOSE/SIG/QT.)
	Admit	

SOCIAL WORKER NOTIFIED		DISPOSITION OF PATIENT		DECEASED	
HOME	INPATIENT	OBSERVATION	PATIENT TRANSFERRED		
FOLLOW UP DATE & TIME	BED CONTROL NOTIFIED	REASON FOR TRANSFER	NEXT OF KIN NOTIFIED		
FOLLOW UP SITE	BED ASSIGNED	ACCEPTING FACILITY	PASTORAL CARE NOTIFIED		
INSTRUCTION SHEET COMPLETED & UNDERSTOOD	REPORT GIVEN TO	ROOM	ACCEPTING PHYSICIAN	MEDICAL EXAMINER NOTIFIED	
YES NO	ADMITTING M.D.	MODE OF TRANSFER	BODY RELEASED TO		
CLASSIFICATION (CIRCLE ONE)	ADMIT SERVICE	COPY OF CHART, X-RAYS, & RESULTS:	FAMILY PHYSICIAN NOTIFIED		
1 2 3 4 5 6	DISCHARGE OF VALUABLES	DISPOSITION OF VALUABLES	DISPOSITION OF VALUABLES		
CONDITION OF DISCHARGE	DISCHARGE OF VALUABLES	DISPOSITION OF VALUABLES	DISPOSITION OF VALUABLES		
PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE		
PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE		

MEDICAL RECORDS

Emergency Center Nursing Record

Ec Nurs Rec

96 92549 0 9010

WALTER, KEVIN
BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/09/99

TR.

DATE: 1/10/98 TIME: 2357 RN #: 111 TRIAGE ACUITY: I II III
NAME: Walter, Kevin SEX: M DOB: 5/14/74 RACE: B
ARRIVAL MODE: ACCOMPANIED BY: TREATMENT PTA:
☐ AMBULATORY ☐ RELATIVE ☐ C-SPINE IMMOB
☒ WHEELCHAIR ☐ FRIEND ☐ O₂: VIA
☐ CARRIED ☐ POLICE ☐ ET: SIZE
☐ AMBULANCE # ☐ SELF ☐ IV: SIZE
☐ HFD # ☐ OTHER ☐ SITE
☐ LIFE FLIGHT ☐ TYPE

CHIEF COMPLAINT: R Abdominal Pain 79!

CONTRIBUTING HISTORY: Slp 65w x 3 on 12/7/98 E.A. liver injury
now R Pain pt feels drains are clogged/ok

PAST MEDICAL HISTORY: COW 198

CURRENT MEDICATIONS: VIDUA, COME

ALLERGIES: Benadryl

VITAL SIGNS: T 97.2 PULSE 125 RESP 16 B/P 109/69 WEIGHT lbs. 310# LAST TETANUS WTD LMP N/A

TRIAGE INTERVENTION: ☐ LAB ☐ TIME ☐ X-RAY TO ☐ VIA ☐ BXR ☐ VIA ☐ C-COLLAR ☐ ICE
☐ DRESSING ☐ OTHERSERVICE: ☐ MEDICAL ☐ SURGICAL ☐ PEDIATRIC ☐ OB/GYN ☐ TRAUMA ☐ OTHER RN SIGNATURE: Cheryl K. Lowe RN

RESPIRATORY		INTEGUMENTARY		Wounds		GI		MUSCULOSKELETAL/NEURO	
Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Airway	1300	N/A	1350	Laceration		Abdomen		VASCULAR	
Clear	<input checked="" type="checkbox"/>	Skin Color	<input checked="" type="checkbox"/>	Size:		Soft	<input checked="" type="checkbox"/>	N/A	
Quiet	<input type="checkbox"/>	Pink	<input type="checkbox"/>	Location:		Obese	<input type="checkbox"/>	Deformity	
Noisy	<input type="checkbox"/>	Flushed	<input type="checkbox"/>	Abrasions	<input type="checkbox"/>	Distended	<input type="checkbox"/>	Swelling	
Obstructed	<input type="checkbox"/>	Pale	<input type="checkbox"/>	Location:		Tender	<input type="checkbox"/>	Discoloration	
Breathing	<input checked="" type="checkbox"/>	Cyanotic	<input type="checkbox"/>	Contusions	<input type="checkbox"/>	Location:		Location:	
Nonlabored	<input checked="" type="checkbox"/>	Jaundice	<input type="checkbox"/>	Location:		Prior Surg Scar	<input type="checkbox"/>	Pulses	L R L R
Labored	<input type="checkbox"/>	Rash	<input type="checkbox"/>	GU		Bowel Sounds:		Radial:	Weak
Shallow	<input type="checkbox"/>	Skin Temperature		N/A		active	<input type="checkbox"/>	Pedal:	Strong
Irregular	<input type="checkbox"/>	Warm	<input checked="" type="checkbox"/>	Vag Bleeding		hypo	<input type="checkbox"/>		Absent
apid	<input type="checkbox"/>	Cool	<input type="checkbox"/>	Amount:		hyper	<input type="checkbox"/>		Weak
osent	<input type="checkbox"/>	Hot	<input type="checkbox"/>	scant	<input type="checkbox"/>	quiet	<input type="checkbox"/>		Strong
Lung Sounds	L R L R	Cold	<input type="checkbox"/>	light	<input type="checkbox"/>	Hemocult:			Absent
N/A	<input checked="" type="checkbox"/>	Skin Moisture		moderate	<input type="checkbox"/>	feces	<input type="checkbox"/>	Sensation:	Present
Clear	<input checked="" type="checkbox"/>	Dry	<input type="checkbox"/>	heavy	<input type="checkbox"/>	positive	<input type="checkbox"/>		Diminished
Coarse Crackles	<input type="checkbox"/>	Moist	<input type="checkbox"/>	FHT (rate)		negative	<input type="checkbox"/>		Absent
Fine Crackles	<input type="checkbox"/>	Diaphoretic	<input type="checkbox"/>	Urine Dip	+ -	VISUAL ACUITY		Strength	
Wheezes	<input type="checkbox"/>	Skin Turgor		CVA	L R L R	OD 20/ 20/		Grasps:	Equal
Decreased	<input type="checkbox"/>	Resilient	<input checked="" type="checkbox"/>	Tenderness	<input type="checkbox"/>	OS 20/ 20/			Strong
Absent	<input type="checkbox"/>	Tenting	<input type="checkbox"/>			OU 20/ 20/		Pedal:	Weak
CIRCULATION		Edema Area				Corrected	<input type="checkbox"/>		Equal
N/A		Pitting				Light percept	<input type="checkbox"/>		Strong
Cap Refill:						Count fingers	<input type="checkbox"/>		Weak
< 2 sec	<input checked="" type="checkbox"/>								full
> 2 sec	<input type="checkbox"/>								decreased
									none

NURSING DIAGNOSIS
☒ Anxiety ☐ Mobility, Impaired
☐ Body Temp, alteration ☐ Noncompliance
☒ Comfort, alteration ☐ Respiratory Function, Altered
☐ Fluid Volume Deficit
☐ Skin Integrity, Impaired
☐ Infection, Potential
☐ Knowledge Deficit

PLANNING & INTERVENTION TIME OUTCOME
☐ Gowned/prep for exam
☐ Side Rails Up
☒ Blood Drawn Site
☐ Blood Drawn Site
☐ UA Obtained CCMS
☐ ABG site
☐ EKG
☐ Cardiac Monitor
☐ BP Monitor
☐ Oxygen mode: liters/min

PLANNING & INTERVENTION TIME OUTCOME
☐ Foley #
☐ Down drain bag
☐ Urometer
☐ Straight cath
☐ Mini cath
☐ Pelvic Exam
☐ Tepid/Sponge bath
☐ NG inserted
☐ OG inserted
☐ LCS Inter suction
☐ Eye Irrigation
☐ OD OS OU
☐ Fluid
☐ Amount
☐ Emotional Support
☐ Family Notified
☐ Social Worker Notified
☐ Other

X-RAY Time to Xray To Via Time Back from Xray Fr Vi
☐ SPINE
☐ CHEST
☐ SKULL
☐ ABDOMEN
☐ EXTREMITIES
☐ OTHER
COMMENTS:

RN Init. Signature Cheryl K. Lowe RN Init. Signature RN Init. Signature

RECEIVED

RN Init. [Signature] Signature [Signature] RN Init. Signature RN Init. Signature

"Authorization is hereby given to dispense the Generic or Chemical equivalent
 as otherwise indicated by the words - MEDICAL NECESSITY"

ALLERGIES: ☐ NKA ☐ YES

DRUG: _____

OTHER: _____

WT: _____ kg. HT: _____ cm.

HERMANN HOSPITAL

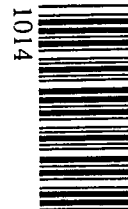
Physician's Orders

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99



ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1/11/99	1448	✓ 12	
1/11/99	1448	① Fentanyl 50 mcg IV Versed 1 mg	
		② Chest tube to gravity drainage.	
		③ PAP CXR @ 2100 PAP CXR @ 2100	# 54
		④ Resume previous orders per home team.	
		<i>[Signature]</i> SON NORTON 22890	
1/11/99	1530	Vicodin T.T. tabs 94h per Dr. Jones Replax diet.	
		T.O. Dr. Wojaszczyk / Mary Adams @	
		<i>[Signature]</i> Mary Adams @ 1/11/99	
1/11/99	1630	Morphine Sulfate 2-4 mg IV q 3-4h per Dr. Severe Pain.	
		T.O. Dr. Wojaszczyk / Mary Adams @	
		<i>[Signature]</i>	
1/12/99	0200	Mary Adams @ 1/11/99 24h chart ✓ Cefazolin 1.3. 10mg	

PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE

DRUG: _____

OTHER: _____

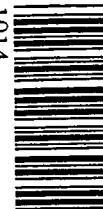
WT: _____ kg. HT: _____ cm.

96 92549 0 9010
WALTER

WALTER , KEVIN

BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/09/99

1014



ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1/12/98		(1) NPT 15 Midnight (2) schedule CT scan abdomen at fluid collection in chest #70 & liver	
		Spring 2575	
		6th Avenue	
		Mym Adams Building	
		1/10/99 2400 2400cc NO	
1/14/99	1135	Vascular Radiology Vessel Imaging LP Fentanyl 50 micrograms IV	
	1137	Vessel Imaging LP Fentanyl 50 micrograms IV	
	1220	Vessel Imaging LP Fentanyl 50 micrograms IV	
		Vessel Imaging LP Fentanyl 50 micrograms IV	
		Cedars-Sinai 3907	
PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE			

"Authorization is hereby given to dispense the Generic or Chemical equivalent
less otherwise indicated by the words - **MEDICAL NECESSITY**"

HERMANN HOSPITAL

Physician's Orders

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

1014

ALLERGIES: ☐ NKA ☒ YES

#27466

DRUG: benadryl

OTHER: _____

WT: 202.0 kg.HT: 5'11" cm.

ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1/10/99	1430	xfer to floor	Trauma / Duke
		Empyema	
		stable condition	
		Vitals per routine	
		All: Benadryl	
		Act as tolerated	
		Strict I/O; Record drain output @ shift	
		Call M.D. for T > 38.5, U/O < 30 cc/hr,	
		SBP < 90 or > 190, DBP > 110, HR < 50 or > 130	
		Clear Liquid Diet	
		NPO 5 MN	
		D5 1/2 NS + 20 meq KCl C 125 cc/hr	
		Meds: (1) Tylenol 650mg PO PRN Q4° PRN T > 38.5	
		(2) Phenergan 2.5mg IV/IM	
		Q3-4° PRN W/V	
		(3) Ampicillin 1gm IV Q6°	
		(4) Gentamycin 400mg IV QD	
		(5) Heparin SQ 5000u BID	
		Lab's / Uins: lytes / BUN / Cr	
		CBC / D/P	
		PT / PTT	
		In AM 1/11/99	
		Inspirex 10x/hr	
		IPPB Q4-6° PRN	
		1/10/99 2400	
		24780	
		1/10/99	
		PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE	

HERMANN HOSPITAL

Physician's Orders

Authorization is hereby given to dispense the Generic or Chemical equivalent unless otherwise indicated by the words - **MEDICAL NECESSITY**

ALLERGIES: ☒ YES ☐ NO

DESCRIBE: Benedict - anxious

5'11"

270lb

PHYSICIAN'S ORDERS

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99



COUG

ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1/10	3:30 PM	HOSPITALIZATION ORDERS	
*	*	(1) Hospitalization Status: <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Post Procedure <input checked="" type="checkbox"/> In Patient (check one)	
		(2) Diagnosis:	
		3. Chief Complaint:	
		4. Procedure:	
		(5) Attending Physician: <u>Duke</u> Resident: <u>Bayer / Van Meszowski</u>	
		(6) Service: <u>TRAUMA</u> /Team:	
		<ul style="list-style-type: none"> - Vital signs - Diet - NPO - IV - D5W/S 20mg KCl to H₂O - Labs - CBC ^{cont} / Ch 7 in AM ^{cont} - Allergies - NKDA - Measure Drap over 9 stitches - Send Drap Fluid for Cx ^{cont} - Send UA ^{cont} for Cx in urine ^{cont} - Strict I/O - Call HO at T 7101.5 RR 735 < 10 SPO 2 > 90 < 90 - HR 7135 < 60 - Ampicillin 1gm IV q 6hrs - Gentamicin 400mg IV q 8hrs - Tylenol 650mg po/pr q 6hrs prn T 7101 - Send Blood Cx's X 2 ^{cont} prior to - Strong Antibiotics 	
0030	2400	<p><u>Noted 1/10/99 see full</u></p> <p>PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE</p>	

Consultant's Report

HERMANN HOSPITAL

Cons Rep



96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

TO: DUKE TRAUMA
(Consulting Physician) (Consulting Service)FROM: MARSHBURN ER
(Attending Physician) (Attending Service)RE: 24 y/o BM s/p Ex lap for C-SW
(Reason for Consultation Request)

12/7/98. C/O abd cramping/pain this evening. Reports takes Vicodin qhs & occasional nausea. Pt has a laparotomy wound healing by 2° intention & bid W→D drug 2x by home health. He did have two drains in place in RUO, one & bilious drainage & one & serosanguinous drainage. Pt is also concerned that his drains are clogged, although they were flushed by home health early this evening.

VS: 97² 109/65 125 16 WT: 310 # Meds: Vicodin, Colace
 PE: CTA (R) RRR & M

Abd - soft, NT, ND, ⊕ BS

Midline incision & Montgomery straps - dressing removed - pink granulation tissue seen & good wound closure, drainage, & erythema, & tenderness

Superior drain & bilious material - dressing C/P/T & bilious material, easily flushed

Inferior drain & serosanguinous material dressing C/P/T & easily flushed

CBC, Chem 7, LFTs (P)

$$20.1 \times \frac{8.4}{26.0}$$

$$\frac{135}{3.2} \mid \frac{97}{29} \mid \frac{14}{1.3} \mid 157$$

ALT 349 ↑ TBIL 0.8
 AST 270 ↑ DBIL 0.6 ↑
 GGT 537 ↑ Amyl 74
 Aφ 264 ↑ Lipase 312 ↑
 LDH 358 ↑

CT - localized effusion @ lung base
 drain on superior aspect of liver & minimal fluid collection
 drain in liver & sizable fluid collection, tip in collection

H/P: Admit to CCU. NPO. Tricet & IV Abx for inj's since of localized
 (R) pleural effusion w/ intrapleural fluid collection. Pt dismissed
 & Dis. Dis.

M Van-Margenli 23283

(Additional space is required, please use another sheet.)

DISTRIBUTION: WHITE - Medical Records
 CANARY - Attending Physician
 PINK - Consulting Physician

(Consultant's Signature)

Hermann Hospital
TRAUMA / STICU PROBLEM LIST

Attending:

Admit Date: STICU:

Hospital:

D/C Date: STICU:

Hospital:

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/10/99

1149



DIAGNOSIS/ PROBLEM	PLAN &/or PROCEDURE PERFORMED & DATE	RESOLVED YES / NO	CONSULT (If applicable)
Bloma	IN for Haid		Service: Duke Attending: Duke Date: Duke
			Service: Duke Attending: Duke Date: Duke
Blood effusion	IN CT		Service: Duke Attending: Duke Date: Duke
			Service: Duke Attending: Duke Date: Duke
			Service: Duke Attending: Duke Date: Duke
			Service: Duke Attending: Duke Date: Duke
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			Service: Duke Attending: Duke Date: Duke
			Service: Duke Attending: Duke Date: Duke
			Service: Duke Attending: Duke Date: Duke
			Service: Duke Attending: Duke Date: Duke

Hermann Hospital

Day of Discharge Orders

Admitting Date: 1/9/99
 Admitting Dx.: Emphysema
 Discharge Date: 1/16/99
 Discharge Dx.: Jane

Referring M.D.: _____

Procedures / Treatment Performed / Date

1/10/99 - US guided placement of 8F
chest tube, ILE drainage tube
per hepatic

Pertinent Test Results

CT 1/9/99 - fluid collection in costophrenic
subcutaneous fluid collection
Gram Stain - Enterococcus

Discharge Medication

Dose

Times per Day

Drug Class

Ampicillin 500mg four B D F I
Levaquin 500mg one B D F I

Comments/Final Progress Notes (For Stays < 48 Hrs)

Patient Provided with Medication Information Sheet/Sheets

Discharge Diet If Appropriate: Regular

Describe diet instruction provided: _____

Signature of R.D. (if applicable)

Follow-Up Care:

	Physician	Date	Office Number	Fax Number
1	<u>Dr. Duke</u>	<u>10 days</u>	<u>704-6025</u>	
2	<u>Dr. Middlebrook</u>	<u>10 days</u>	<u>704-2823</u>	
3				

Home Care Agency: _____ Office #: _____ Fax #: _____

Referred for: Dressing changes bid & wound care / drain care

Special Instructions: _____

When to call the doctor - Call Surgery Clinic at: 704-6025 for: fever, any question
Phone Danger Signals

Resumption of Normal Activities: Date you can return to work: _____ Date you can resume driving a car: _____

Date you can resume your normal sexual activities: _____

Patient Education Materials provided: _____

By signing this form, I acknowledge receipt of the above information.

Patient/Family Member Signature: [Signature] Phone Where You Can Be Reached: _____Signatures: [Signature] M.D.-Beeper #: _____ Discharging R.N. Angela MagnerUnit Secretary: [Signature] FAX TO: [Signature] Attending Physician

2 Follow-Up Physician(s)

3 Home Health Central Intake (40022) if Home Health Ordered Above.

HERMANN HOSPITAL

Physician's Orders

"Authorization is hereby given to dispense the Generic or Chemical equivalent unless otherwise indicated by the words - MEDICAL NECESSITY"

ALLERGIES: ☐ NKA ☐ YES

DRUG: _____

OTHER: _____

1602
96 92549 U 9010

WALTER, KEVIN
BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/10/99



WT: _____ kg. HT: _____ cm.

ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1/16/99	1200	12 ⁰ chest duck done by Summa - Keith P ₃ RN	
		✓ Heplock IV	
		✓ Home health:	
		Pressing changes to abd wound bid E 4x4s	
		Drain care bid	
		✓ Please dk chest ^{Pleurovac} and attach leg bags to chest & abdominal drains	
		M Van Marowski 23283	
		1/16/99 0124 George L. Jones, U.S.	
1/16/99	03	24 ⁰ chest ✓	Mintha Tadesse
1/16/99		D/C home after fixing re drain to leg bags.	
		2 Thon	
		24788	
1-16-99		Renae Metayer U.S.	
1-16-99		1015 Angela Meyer RN	

PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE

ANTIBIOTIC/PHYSICIAN REORDERS

Authorization is hereby given to dispense the Generic or Chemical equivalent unless otherwise indicated by the words-MEDICAL NECESSITY"

ALLERGIES: ☐ YES ☐ NO

DESCRIBE:

HERMANN HOSPITAL**Antibiotic/Physician Reorders**

Patient Name : WALTER, KEVIN
 Medical Record # : 96925490
 Location : GSUR J602-00

Print Date : 01/14/99

1014



ORDERED		ORDERS	Use Ball Point-Press Firmly								
DATE	TIME		DRUG	DOSE	ROUTE	FREQ	START	STOP	CONTINUE	DC	ORDER #
<p>THE ORDERS BELOW ARE SCHEDULED TO EXPIRE WITHIN 48 HOURS UNLESS RENEWED. PLEASE INDICATE WHETHER THE FOLLOWING SHOULD BE CONTINUED BEYOND THE INDICATED STOP DATE OR DISCONTINUED BY CHECKING THE APPROPRIATE LINE BELOW.</p>											
		AMPICILLIN 1G-NS 50ML		IV	36	01/10/99	01/17/99	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		519811
		HEPARIN		30	SID	01/10/99	01/17/99	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		521682

FAXED

1/15/99 *1/15/99* *1/15/99*

VON MASZEWSKI M. V. Mangini

NAME (PRINTED) SIGNATURE

1/15/99 0844 23283

DATE TIME BEEPER #

1/15/99 *1/15/99* *1/15/99*

1/15/99 *1/15/99* *1/15/99*

PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE

OTHER: _____

Physician's Orders

Visit/Admit Dt 01/09/99

1014



ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1/14/99	0651	① CT Chest + Abdomen \pm contrast	
1/14/99	0705	② CT of the abdomen	<div> <div> <div>1/14/99</div> <div>0705</div> </div> <div> <div>1/14/99</div> <div>0705</div> </div> </div>
1/14/99	0945	③ CT of the chest	<div> <div>1/14/99</div> <div>0945</div> </div> <div> <div>1/14/99</div> <div>0945</div> </div>
1/14/99	1010	④ CT of the abdomen	<div> <div>1/14/99</div> <div>1010</div> </div> <div> <div>1/14/99</div> <div>1010</div> </div>
1/14/99	1025	⑤ CT of the abdomen	<div> <div>1/14/99</div> <div>1025</div> </div> <div> <div>1/14/99</div> <div>1025</div> </div>
1/14/99	1335	⑥ CT of the abdomen	<div> <div>1/14/99</div> <div>1335</div> </div> <div> <div>1/14/99</div> <div>1335</div> </div>
1/15/99	0100	⑦ CT of the abdomen	<div> <div>1/15/99</div> <div>0100</div> </div> <div> <div>1/15/99</div> <div>0100</div> </div>
1/15/99	0310	⑧ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑨ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑩ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑪ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑫ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑬ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑭ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑮ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑯ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑰ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑱ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑲ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	⑳ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉑ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉒ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉓ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉔ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉕ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉖ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉗ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉘ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉙ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉚ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉛ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉜ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉝ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉞ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㉟ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div> </div>
1/15/99	0310	㊱ CT of the abdomen	<div> <div>1/15/99</div> <div>0310</div> </div> <div> <div>1/15/99</div> <div>0310</div></div>

"Authorization is hereby given to dispense the Generic or Chemical equivalent unless otherwise indicated by the words - MEDICAL NECESSITY"

ALLERGIES: ☐ NKA ☒ YES

DRUG: Benadryl 602

OTHER: _____

WT: _____ kg. HT: _____ cm.

HERMANN HOSPITAL

Physician's Orders

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/10/99



ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1-12-99	1300	<p>DK Benadryl order per T.O. Alamy PAC 24010</p> <p>Mimi Grop, RPH 24010</p> <p>1-12-99 @ 1400 24010</p> <p>Remove delay</p>	
1/12/99	3 ⁰⁰ pm	<p>① Flush All 3 drains c</p> <p>15 cc NS q 8hr</p> <p>② Dressing to Change to Abd wound</p> <p>WFO c NS + Kerlex</p> <p>Cover c Abd + hold c Montgomery straps</p> <p>Change BTD</p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p> <p>1-12-99 8⁴⁵ 12⁰⁰ Chart — — <i>[Signature]</i></p> <p>1-13-99 0100 - 24⁰⁰ chart check - <i>[Signature]</i></p> <p>1/14/99 24 hr. Chart ✓ Peter Detry R4</p>	

PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE

"Authorization is hereby given to dispense the Generic or Chemical equivalent
unless otherwise indicated by the words - MEDICAL NECESSITY"

ALLERGIES: ☐ NKA ☐ YES

DRUG: _____

OTHER: _____

WT: _____ kg. HT: _____ cm.

HERMANN HOSPITAL

Physician's Orders

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/10/99



ORDERED		ORDERS	Use Ball Point - Press Firmly
DATE	TIME		
1/12/99	0945	↑ Gentamycin to 600 mg IV QD	AEBoston 24780
		FIXED	
1/12/99	1145	① Culture all 3 tubes + Identify all 3 As Separate Specimen EMB (ie - Abd drains, CT upper, CT lower) Send for C+S, Gram stain	
1/12/99	1145	① Culture + Sensitivity C Gram stain of a) Intrahepatic Drains b) CT site	
		② T+C X 2 unit PMBC's Transfuse when ready Six Tylenol 650mg + Penicillin 27mg po C each unit	24/10
		③ Please correct pt for Blood -	
1-12-99	@ 1735	Review with target U.S. Sp.	

PLEASE INCLUDE YOUR BEEPER OR PHONE NUMBER WITH YOUR SIGNATURE

96 92549 0 9010

Radiology Consultation Notes

Date: 1-11-99 Inpatient: () Outpatient: ()
 Type of Imaging Procedure: Tube Placement

WALTER, KEVIN
 BM Age 24y DOB 05/14/74
 Visit/Admit Dt 01/09/99

Diagnostic/Clinical Information:

PATIENT ASSESSMENT

Time of arrival: 11:15 NPO Since: 10:30 PM
 Vital Signs (Baseline): B/P: 150/63 R: 107
 LAB VALUES (if applicable) O₂ SAT 99%
 BUN: CREAT: PT: PTT: Other:
 Age: Weight: Height:
 Allergies: Penicillin

ID Bracelet: Yes ☒ No ☐Consent: Yes ☒ No ☐

Prep Skin: Yes ☒ No ☐ Prepsite:
 Betadine ☒ HIB/CLENS ☐ Other ☐

Pregnant: Yes ☒ No ☐ LMP:

Contrast Type: Amt:
 PRIOR CONTRAST ☐ No ☐ Yes
 CONTRAST REACTION ☐ No ☐ Yes

HISTORY:

RESPIRATORY

- ☐ Asthma
☐ COPD
☐ SOB

CARDIOVASCULAR

- ☐ CHF
☐ ANGINA
☐ HTN
☐ MI
☐ Murmur/Arrhythmia

Neurologic

- ☐ TIA
☐ CVA
☐ Seizure

Liver/Metabolic

- ☐ Jaundice
☐ Hepatitis
☐ Bleeding Problems
☐ Diabetes

Other serious illness? List: Current Medication:

Teachings: Written Verbal Flouro
 Pre Procedure ☐ ☐ Time:
 Post Procedure ☐ ☐
 Post Sedation ☐ ☐
 Comments:

Post-

TIME/SIGNATURE NEUROLOGICAL

Activity
 Able to move 4 extremities
 Able to move 2 extremities
 Able to move 0 extremities

Level of Consciousness
 Alert, awake
 Drowsy, but easily aroused
 Aroused by stimuli
 Stupor, aroused by vigorous continuous stimuli
 Responds to pain only
 No response to pain

SKIN RESPIRATORY
Respirations Breath Sounds O₂ CARDIOVASCULAR
EDEMA APICAL/RADIAL PULSES

PULSES

Ext.

Pulse

Femoral Dorsal Pedis
 Post Dictal

PRE

R

L

POST

R

L

DRSG/INCISION
Skin Post Op

☐ Bandaid
☐ Tegaderm

☐ Sutured
☐ Steri Strip

PUNCTURE
SITE(S)

Bleeding
 Swelling

Absent ☐
 Absent ☐

Present ☐
 Present ☐

Report called by: Time: 13:00 Report given to:
 Dismissed to (Troom # 6025) () home: accompanied by:
 Dismissed per () W/C () Stretcher (Y) Bed () Ambulatory Discharged Time:
 Transportation called at:

Radiologist		Nurse		Vital Signs					NURSES NOTES	
Technologist		Time	B.P.	O2 Sat	Heart Rate	Resp Rate				
R. C. [Signature]		B. J. [Signature]		1130	149/77	100	105	14-Trans #117.		
K. Martin		1135	157/82	99	104		monitors applied			
MEDICATION ADMINISTRATION				1140	163/77	99	110	EKG, RIB, O2 sat. Di.		
TIME	DRUG NAME	DOSE/ROUTE	1145	146/77	99	111	Kang @, [Signature] to			
1135	Versed	1mg IV	1150	157/78	98	109	ultrasound pt. A.			
1137	Versed	1mg IV	1155	141/70	99	109	prepped & draped in			
1220	Versed	1mg IV	1200	139/80	97	114	usual [Signature]			
1220	Fentanyl	50 mcg IV	1205	167/90	98	112	Stent changing apph			
1250	Versed	1mg IV	1210	162/96	96	110	to chest tube [Signature]			
1250	Fentanyl	50 mcg IV	1215	165/92	180	108	1230 - Like a [Signature]			
			1220	178/93	100	110	drainage started.			
			1225	166/108	100	112	1300 - Procedure complete.			
TIME	IV FLUIDS	SITE/CONDITION	1230	168/97	100	110	stent leads applied to			
1300	NS 500cc		1235	158/91	100	110	site. over x-rays			
			1240	162/92	100	110	done [Signature]			
			1245	168/95	98	109				
			1250	167/91	98	112				
			1255	163/82	100	114				
INTAKE =										
OUTPUT =										

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

26

96 92549 0 9010

2130

Radiology Consultation Notes

Date: 1-11-99 (X) Inpatient: _____ () Outpatient

Type of Imaging Procedure: Chest tube doing

Diagnostic/Clinical Information: ASW

WALTER, KEVIN
BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/10/99

PATIENT ASSESSMENT

Time of arrival: 1330 NPO Since: 1800

Vital Signs (Baseline): B/P: 147/87 P: 117 R: _____

LAB VALUES (if applicable) O₂ SAT: _____

BUN: _____ CREAT: _____ PT: _____ PTT: _____ Other: _____

Age: _____ Weight: 240 Height: _____

Allergies: Penicillin

ID Bracelet: Yes ☒ No ☐

Consent: Yes ☒ No ☐

Prep Skin Yes ☒ No ☐ Prepsite: _____

Betadine ☐ HIB/CLENS ☐ Other ☐

Pregnant: Yes ☐ No ☐ LMP: NA

Physical Exam:		Pre-	Post-
TIME/SIGNATURE	<u>1330</u> <u>intact</u>	<u>1450</u>	
NEUROLOGICAL	<u>intact</u>	<u>intact</u>	
Activity	Able to move 4 extremities <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Able to move 2 extremities _____		
Level of Consciousness	Able to move 0 extremities _____		
	Alert, awake <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Drowsy, but easily aroused _____		
	Aroused by stimuli _____		
	Stupor, aroused by vigorous continuous stimuli _____		
	Responds to pain only _____		
	No response to pain _____		
SKIN		<u>wid</u>	<u>→</u>
RESPIRATORY	Respirations	<u>Reg</u>	<u>→</u>
	Breath Sounds	<u>Bilateral</u> <u>rhonchi</u>	<u>→</u>
	O ₂	<u>na</u>	
CARDIOVASCULAR	EDEMA		<u>na</u>
	APICAL/RADIAL PULSES		<u>na</u>
	PULSES	Ext.	Pulse Femoral Dorsal Pedis Post Distal
	PRE	R L	
	POST	R L	<u>na</u>
DRSG/INCISION		<input type="checkbox"/> Bandaaid <input checked="" type="checkbox"/> Tegaderm	<input type="checkbox"/> Sutured <input type="checkbox"/> Steri Strip
PUNCTURE SITE(S)	Bleeding Swelling	Absent <input checked="" type="checkbox"/> Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/> Present <input type="checkbox"/>

Contrast Type: _____ Amt: _____

PRIOR CONTRAST ☒ No ☐ Yes

CONTRAST REACTION ☒ No ☐ Yes

HISTORY:

RESPIRATORY

☐ Asthma
☐ COPD
☐ SOB

CARDIOVASCULAR

☐ CHF
☐ ANGINA
☐ HTN
☐ MI
☐ Murmur/Arrhythmia

Neurologic

☐ TIA
☐ CVA
☐ Seizure

Liver/Metabolic

☐ Jaundice
☐ Hepatitis
☐ Bleeding Problems
☐ Diabetes

Other serious illness? List: gunshot wound

Current Medication: AK

Teachings: Written Verbal Flouro Time:

Pre Procedure ☐ ☐ _____

Post Procedure ☐ ☐ _____

Post Sedation ☒ ☒ _____

Comments: _____

Report called by: AK Time: 1450 Report given to: Carol

Dismissed to () room # _____ () home: accompanied by: _____

Dismissed per () W/C () Stretcher (X) Bed () Ambulatory Discharged Time: 1500

Transportation called at: 1440

[illegible]

HERMANN HOSPITAL

Pt. H&P / Prog Notes

96 9254 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

2014



Date of Service

Date & Time	
1-9-99	C.C. ABDOMINAL PAIN - FEW HOURS
	P.1. THIS 24Y/O M SHOWED A GSW CT R3 HORN CT LIVER, AS WELL AS SEVERAL OTHER WOUNDS, ON 12-7-98. TO CORRELATE THE PATIENT HISTORY, HIS COMMON HEPATIC ARTERY WAS HIGHER. THE DUCT IN THE DIAPHRAGM COULD NOT BE IDENTIFIED. THE R. L. DEVENUE IN HEPATIC TRANSFORMATIONAL PHASES CONJUGATED BILIRUBIN (BIL) THROUGH THE R. C. TUBE. I.R. PLACED DRAWS IN THE PHASES CONTINUED AND THE DUCT IN THE LIVER. HE WAS CONTINUED TO DRAW BIL FROM THE INTRADUCTAL CANAL AND SEROSANGUOUS FLUID FROM THE PHASE CANAL.
	IN THE EVENING HE BEGAN EXPERIENCING RUQ PAIN. HE STATED THAT THE BIL CANAL WAS PLUGGED. A HOME HEALTH NURSE ATTEMPTED TO IRRIGATE CANAL. HE CAME TO THE ER FOR SICKLE ASSISTANCE.
	P.6: W/D W/IN BIL BIL IN ACUTE DISTRESS Temp 99.2 BP 109/67 P 125 RR 16 HEENT: G165: PUPILS PERRH; SCLERAL CHER EARS: W/ACI NOSE: CHER PHARYNX: CHER NECK: SUPDHA Chest: DECREASED BS RH; CHRONIC CHER C.V.: INDETERMINATE

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HERMANN HOSPITAL

Pt. H&P / Prog Notes

96 92549 0 9010

WALTER, KEVIN
BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/09/99

2014



Date of Service

Date & Time	TERMINAL
1-10-99	DISCUSSED 2 DR SPRINGER
	TIME 100 BP 144/84 P 115 RR 22
	1-C: 1260/675 (MINIMAL DROWSE FROM DROWS)
	CHEER HIGHIDS
	ANAL - AMPICILLIN/GENT
	C.I.: FLUID COLLECTION RI CRYSTALLOID SURCUS
	COTID PRESENT IN BOW WOUND. SPX AND RI CREST
	INTRAOPERATIVE DRAIN WAD (VOLUME) PUNCHED OUT
	PLAN: I.R. - DROWSE BOW SPACES
	ADMIT
	DWILE
11 AM 99	U.R.
1045	Wound rechecked. Pt S/P GSW to intraoperative drain which fell out and (R) pleural fluid collection - LGT/FNO. Requested by Surg to replace intraoperative drain with pleural drain catheter in (R) pleural fluid collect.
	He discussed w/ pt the follow: risks/benefits and be desired to proceed (pain, inf, Meds), injury to adjacent structures.
	<i>[Signature]</i>
	<i>[Signature]</i>

Date of Service

Date & Time	
	<u>Procedure Note</u>
1/11/99	Procedure - (R) chest tube drain
1300PM	(B/L) liver bileome/hematoma drain
	Physician - Pang, Wallace
	Procedure: using u/s SF chest tube placed
	10F drainage tube placed in (R) lobe liver
	bileome/hematoma
	Purulent material obtained from chest tube
	Sanguinous fluid from the drain are both
	Complication: none
	Med. - Pain Ured Ziv
	100mg Lantus IV.
1/11/99	VIR
1443	(R) pleural fluid drainage tube noted to have 0 output post
	procedure so CT was obtained. Catheter noted to be outside
	of collection and chest wall. Intrathoracic catheter in base
	of liver was noted to be in good position. Chest tube/
	Catheter replaced 10 ARL pigtail from anterolateral
	approach. Position within collection confirmed with
	post procedural CT and no evidence of PDX.
	Replaced catheters & port chest with undrain.
	Proc - Replacement (R) chest tube drain; CTG
	PHYSICIAN - Cohen/Schneider
	Complications - none
	CUTD J

HERMANN HOSPITAL

Pt. H&P / Prog Notes

2014



96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

Date of Service

Date & Time	
11/11/99	<p>NR Control</p> <p>DRAINS - purulent/sanguinous fluid drained & he to gravity</p> <p>MISS - involved</p> <p>50 mg Roxitrac</p> <p>Vac full detailed report to follow</p> <p>Pt returned to floor in pre procedure condition</p> <p><i>[Signature]</i></p> <p>604100000</p> <p>22870</p>
11/12/99 0446	<p>TRAUMA MSB</p> <p>S. Pt. basally ok. Feels that he may need something stronger for pain. Tolerating reg. diet well now.</p> <p>D. Tm 100.2 BP 103/55 P 129 R 24 2038/2100</p> <p>Chest tube - water seal & 50 cc</p> <p>Lungs CTA, ↓ BS ⊕ side.</p> <p>CV. RPP S₂ + S₂ clear -</p> <p>Abd: Soft, ND, NTP. ⊕ BS. ⊖ BM ⊕ flatus.</p> <p>Ext. ⊕ cyanosis/edema</p> <p>A/P. ① Cont. current care</p> <p>② Chest tube to water seal now, very little drainage for 14 hours</p> <p>③ for Pain fairly well controlled - MSO₄ for breakthrough pain</p> <p><i>[Signature]</i> MSB remons 200-5572</p>

33

Date & Time	Date of Service
1/12/99	PR - Follow
850 AM	to doing well w/ chest tube x2 (one removed yesterday)
	P (B) liver drain.
	(R) liver drain = 350 cc fluid / 24°
	(B) chest tube \leq 50 cc / 24°
	Plan: ① if chest-tube drainage continues to fall,
	can remove
PR Staff	② liver drain appears clogged can flush?
	Agree with above 15 cc NS.
	significant drainage from both tubes
	No changes suggested. Allen Col. Gary MD #3907
12-99	Transmitted
	Discussed to Dr. SPRINGER
	Tm 1002 BP 103/55 P129 R224
	I-O: 2938/2400 C.I. - 50 mL; MD: 350
	R66 D141
	Cultures = MD DRAW. ENTEROCOCCUS - NO RESISTANCE AS TO SENS
	AMBI. AMPICILLIN
	12g b 7.9.
	Plans continue both C.I. & INTRAVENOUS DRAIN INDIVIDUALLY
	TRANSFUSE 200 PRBC
	DUKE

Date of Service

Date & Time	
1/13/99	ZK- Rad
8:00 AM	Tm - 100°
	PC doing well
	↳ drain from midline drain to nothing
	Chest drain < 21 cc/24°
	interhepatic drain 180 cc/24°
	Will remove mid abdomen drain.
	Can reimage chest to see if collection in pleural space exists prior to removal
	Ed R 404-3907

TRAUMA ATTENDING NOTE - Date 1/13/99 PATIENT Walter, 602
 Patient seen, examined and discussed with L Trauma Team, ICU Team; Specifically reviewed plan with Dr.

System	Comment	Plan
403 cc	100°	
3900 - / 261 cc	tolerating regular diet	chest tube 21
amp / gut		

Signature: Christine S. Cocanour, M.D.

HERMANN HOSPITAL

Pt. H&P / Prog Notes

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/09/99

2014



Date of Service

Date & Time	TRAUMA MS3
1/14/99	S. Pt. feels great + 5 %. Eating fairly well, hungry
0703	O: T _{ax} 100.3 BP 128/70 P 106 R 20
	I-O: Not Rec.
	Chest tube drain: ~15 cc / 24 hours.
	Lungs: CTA (B), slightly ↓ (R) side.
	CV: RRR, Tachy, S ₂ 42 clear.
	Abd: soft, ND, NTP. ⊕ BS.
	Ext: Puffy arms/legs.
	Ad: ① Cont. current care.
	② Tolerating reg diet - feed more -
	③ Reimage chest.
	<i>[Signature]</i> MS3 200-5542
	Trauma R,
	Lungs great. AFib. Satisfying
	I/O 2950/2240 Abd drain 40cc Chest drain - 21cc
	Reimage chest today to eval effusion
1/14/99	IR R ₃
0837	T _{ax} 99.2
	Abd drain 40 cc CT 21 cc last 24h.
	Intrathecal
	Abd: Hep. drain output ↓, but still draining 40 cc. Pt. improving, 5 infection.
	Consider d/c drain when further ↓ output.
	Cont. flu.
	A. Theer, MD 23968

96 92549 0 9010

WALTER, KEVIN
 BM Age 24y DOB 05/14/74
 Visit/Admit Dt 01/09/99

Date & Time	TRAUMA/GENERAL SURGERY ATTENDING NOTE		Date of Service
	Date <u>1/14/99</u> Patient <u>Walter</u>		
	Pt seen, examined & discussed with Dr. <u>Spurgeon</u>		
	<u>Pleural Effusion</u>		
	System	Comment	Plan
	Neuro	A & A	? Empyema
	Pulmonary	RR = 20 CT = 21	Enterococci gm - Acol
	C.V.	128/70 P = 106	
	ABD	Bowel	Repeat CT
	I/O		Amp Gent
	TM	= 100.3	
	Frederick A. Moore, M.D.		
	<u>Sell</u> <u>PR</u>		
<u>1/14/99</u>	<u>IR STAFF</u>		
<u>3:30p</u>	<u>Tm 99²</u>		
	only sm. amt of output from (2) CT		
	CXR = RESIDUAL PLEURAL PARONECH. DZ		
	PLANS FOR RE-CT (2) CHOST NOTED		
	IF RESIDUAL FLUID PRESENT W/ RAN		
	↑ SIZE OF TUBE		
	CONT EXT DRAINAGE OF HOP DRAIN		
	SUBPITRONEIC/SUBPLEURAL CATHETER		

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Pt. H&P / Prog Notes

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/10/99

2014



Date of Service

Date & Time	
1/15/99	TRAUMA MS3
0443	S: PT Bob greet, 5 %o. Wants a Sprite. ^{Morning well,} BM.
	O: Tm 100.0 RR 12/77 P106
	IO not rec. Intrathecal drain 50cc/24h, CT ø.
	Lungs: CTA (B). Better than yesterday.
	CV: RRR S ₁ + S ₂ clear.
	Abd: Soft. NO HTTP. (BGS).
	Ext: pain on edema.
	A/P: (1) IR suggests D/c intrathecal drain when
	↓ output. Drainage has ↑ over 24h. Continue
	intrathecal drain.
	(2) CT ø drainage / 24h. Check chest CT to
	ERROR determine ^{status} of PTX/HTX. If PTX/HTX gone, D/c CT.
	CT 14cc drainage / 24hrs.
	<i>[Signature]</i> MS3 SICKNOTES 2015572
1/15/99	IR - Follow
800AM	Re. Nebule
	VSS CT = 94cc/24h intrathecal - 50cc/24h
	will ✓ CT for residual fluid. If not then
	can remove chest tube.
	<i>[Signature]</i> #404-3907
1/15/99 0840am	Case Management: Chart reviewed. Please page
	for any anticipated D/c needs - Linda Buelner (R) B132

Date of Service

Date & Time

nutrition note

1/15/99

nutrition status) screened, pt found to require routine nutrition care. Pt tolerating Demerol diet, according to $\approx 80\%$ pt is eating $\approx 88\%$ of meals. Briefly discussed Demerol diet, NRE reported. No snack will be provided. In one week pt will be revisited for any changes.

E. Johns, Dietitian

TRAUMA/GENERAL SURGERY ATTENDING NOTE

Date 1/15/99 Patient WallerPt seen, examined & discussed with Dr. Springer

System	Comment	Plan
Neuro	A&H, DC	2 Review Tube
Pulmonary	RR=20 CT=14	Follow up CT chest
C.V.	181/72, P=106	
ABD	Demerol	↓ Fixed collection gone
	I/O = 3640/2534	P.O ABT'S
	TM = 100.0	

Frederick A. Moore, M.D.

Sed 11/2000

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Pt. H&P / Prog Notes

96 92549 0 9010

WALTER, KEVIN

BM Age 24y DOB 05/14/74

Visit/Admit Dt 01/10/99

2014



Date of Service

Date & Time	
1/16/99	Imax R1
	- pt "felling better" - Taking PO.
	Vital Imax 99.4. OP 109/72 P 103. 7/3 3/20/2479.
	Abd. Drain 10cc CT. am. 10cc
	CUS S1 S2 RR
	Abd. - soft. / RT / RS ①
	- open wound noted. Clean, dry
	granulating,
	Lungs. Breath sound 50th scale
	to over ② Basal.
	A/p s/p 550 Ecm i pain - stable
	- the pain has ↓.
	- 1/2 Abd & Chest drain ? D/c drains.
	- CT - some localized collection Lungs &
	Liver still - but stable.
	- collecting PO.
	- per team
	- possible d/c home.
	2 Thoms 24288
1/16/99	IR R2 PN
10:25	Pt. no c/o.
	Imax 99.4 CT : 9cc Abd drain: 10 CC
	CT was removed as no sig. output remains.
	Pt. doing well. Chest CT: No sig. collection around chest tube
	Pt. to be d/c home by primary team.
	Pt to be f/u @ Middlebrook.
	A. Thoms, MD
	23468 1/1

[illegible]

MEDICATION ADMINISTRATION RECORD

GENERATED: 01-16-99 12:38am
FOR PERIOD: 01-16-99 07:00
THROUGH: 01-17-99 06:59
ADMITTED: 01-09-99 11:50pm

PAGE: 1 OF 2

[illegible]



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WALTER, KEVIN
 ACCT: 969254909010
 AGE: 24yr
 DOCTOR: DUKE, JAMES H. (T
 SF: E: TRAUMA
 AL: LES: DIPHENHYDRAMINE

OBUR J602-00
 SEX: M
 HGT: 152.40 cm
 WT: 122.46 kg
 PSA: 2.12 M2

GENERATED: 01-16-99 12:38am
 FOR PERIOD: 01-16-99 07:00
 THROUGH: 01-17-99 06:59
 ADMITTED: 01-09-99 11:50pm

DIAGNOSIS: A#789.07

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
01-16-99 02-09-99	NY	ACETAMINOPHEN 650MG SUPP PR Q4HPRN (521734) TEMP>38.5 SEE PO ORDER			
01-16-99 02-09-99	NY	ACETAMINOPHEN 650MG TAB PO Q4HPRN (521735) TEMP>38.5C SEE PR ORDER			
01-12-99 02-11-99	NY	DIPHENHYDRAMINE 25MG CAP PO PRN (529608) GIVE WITH EACH UNIT			
01-12-99 01-19-99	NY	HYDROCODONE W/ACAP 5MG/500MG 1TAB TAB PO Q4HPRN (527807) 1 - 2 TABLETS AS NEEDED FOR PAIN	60 120	16 20	24
01-12-99 01-19-99	NY	MORPHINE 2MG INJ IV Q5-4HPRN (527806) 2-4MG FOR SEVERE PAIN			
01-10-99 02-09-99	NY	PROMETHAZINE 12.500MG INJ IV Q5-4HPRN (521681) IV/IM FOR NAUSEA AND VOMITING			
INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
NY	Martha Adcock				

HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WALTER, KEVIN
ACCT: 969254909010
AGE: 24yr
P: DUKE, JAMES H. (T
S: CE: TRAUMA
ALLERGIES: DIPHENHYDRAMINE

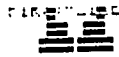
SUR 0602-00
 SEX: M
 HT: 152.40 cm
 WT: 122.46 kg
 BMI: 51.12 kg/m²

GENERATED: 01-15-99 12:40am
FOR PERIOD: 01-15-99 07:00
THROUGH: 01-16-99 06:59
ADMITTED: 01-09-99 11:50pm

DIAGNOSIS: #789.07

PAGE: 1 OF 2

[illegible]



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WALTER, KEVIN
ACCT: 969254909010
AGE: 24yr
MR: DUKE, JAMES H. CT
ICE: TRAUMA
ALLERGIES: DIPHENHYDRAMINE

OSUR 3602-00
SEX: M
HGT: 152.40 cm
WT: 122.46 kg
BSA: 2.12 M2

GENERATED: 01-15-99 12:40am
FOR PERIOD: 01-15-99 07:00
THROUGH: 01-16-99 06:59
ADMITTED: 01-09-99 11:50pm

DIAGNOSIS: A#789.07

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
10 16 02-09 15	A	ACETAMINOPHEN 650MG SUPP PR Q4HPRN TEMP>38.5 SEE PG ORDER (521734)			
01-10 16 02-09 15	A	ACETAMINOPHEN 650MG TAB PO Q4HPRN TEMP>38.5C SEE PR ORDER (521736)			
01-12 17 02-11 16	A	DIPHENHYDRAMINE 15MG CAP PO PRN GIVE WITH EACH UNIT (529608)			
01-12 09 01-19 08	A	HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q4HPRN 1 - 2 TABLETS AS NEEDED FOR PAIN (527807)		1550	
01-12 09 01-19 08	A	MORPHINE 2MG INJ IV Q3-4HPRN 2-4MG FOR SEVERE PAIN (527806)			243 pr
01-10 16 19 15	A	PROMETHAZINE 12.500MG INJ IV Q3-4HPRN IV/IM FOR NAUSEA AND VOMITING (521681)			
INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
A	Nora Jefferson			pr	Amelie H. Langford
					46



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WALTER, KEVIN
ACCT: 969254909010
24yr
OR: DUKE, JAMES H. CT
SERVICE: TRAUMA
ALLERGIES: DIPHENHYDRAMINE

OSUR 1602-00
SEX: M
HGT: 152.40 cm
WT: 122.46 kg
BSA: 2.12 M2

GENERATED: 01-14-99 01:00am
FOR PERIOD: 01-14-99 07:00
THROUGH: 01-15-99 06:59
ADMITTED: 01-09-99 11:50pm

DIAGNOSIS: #4709.07

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
01-10 96	mb	ACETAMINOPHEN 650MG TAB PO Q4HPRN TEMP>38.5C SEE PR ORDER	(521736)		
02-09 95					
01-10 96	mb	ACETAMINOPHEN 650MG SUPP PR Q4HPRN TEMP>38.5 SEE PO ORDER	(521734)		
02-09 95					
01-12 97	mb	DIPHENHYDRAMINE 25MG CAP PO PRN GIVE WITH EACH UNIT	(521608)		
02-11 96					
01-12 99	mb	HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q4HPRN 1 - 2 TABLETS AS NEEDED FOR PAIN	(521307)		
01-19 98					
01-12 99	mb	MORPHINE 2MG INJ IV Q3-4HPRN 2-4MG FOR SEVERE PAIN	(521806) 08 12	30 4mg 16 pr PR 30 pr 30 16 pr	24 04
01-19 98					
01-10 96	mb	PROMETHAZINE 12.500MG INJ IV Q3-4HPRN IV/IM FOR NAUSEA AND VOMITING	(521631)		
09 95					
INITIALS	NAME & PROFESSIONAL TITLE		INITIALS	NAME & PROFESSIONAL TITLE	
mb	Duke, James H. CT			Kevin Walter RN Cym Jeanette RN	

HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WALTER, KEVIN
ACCT: 969254909010
24yr
OR: DUKE, JAMES H. CT
SERVICE: TRAUMA
ALLERGIES: DIPHENHYDRAMINE

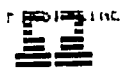
GSUR J602-00
SEX: M
HGT: 152.40 cm
WT: 122.46 kg
BSA: 2.12 M2

GENERATED: 01-14-99 01:08am
FOR PERIOD: 01-14-99 07:00
THROUGH: 01-15-99 06:59
ADMITTED: 01-09-99 11:50pm

DIAGNOSIS: #H769.07

PAGE: 1 OF 2

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HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME: WALTER, KEVIN
ACCT: 969254909010
AGE: 24yr
DR: DUKE, JAMES H. (T
ICE: TRAUMA
ALLERGIES: DIPHENHYDRAMINE
DIAGNOSIS: *#789.07

GSUR J602-00
SEX: M
HGT: 152.40 cm
WT: 122.46 kg
BSA: 2.12 M2

GENERATED: 01-13-99 01:18am
FOR PERIOD: 01-13-99 07:00
THROUGH: 01-14-99 06:59
ADMITTED: 01-09-99 11:50pm

PAGE: 2 OF 2

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
		===== P R N O R D E R S =====			
01-12-99 02-09-99	PF	ACETAMINOPHEN 650MG TAB PO Q4HPRN TEMP>38.5C SEE PR ORDER (521736)			
01-12-99 02-09-99	PF	ACETAMINOPHEN 650MG SUPP PR Q4HPRN TEMP>38.5 SEE PO ORDER (521734)			
01-12-99 02-11-99	PF	DIPHENHYDRAMINE 25MG CAP PO PRN GIVE WITH EACH UNIT (521608)			
01-12-99 01-19-99	PF	HYDROCODONE W/APAP 5MG/500MG 1TAB TAB PO Q4HPRN 1 - 2 TABLETS AS NEEDED FOR PAIN (521807)			
01-12-99 01-19-99	PF	MORPHINE 2MG INJ IV Q3-4HPRN 2-4MG FOR SEVERE PAIN (521806)		1500gk	2330 A OS PR
01-12-99 01-19-99	PF	PROMETHAZINE 12.500MG INJ IV Q3-4HPRN IV/IN FOR NAUSEA AND VOMITING (521681)		1530gk	
INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
PF	Natue			db	Delen Setey
					19

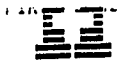
MEDICATION ADMINISTRATION RECORD

GSUR 3602-00
SEX: M
HGT: 152.40 cm
WT: 122.46 kg
BSA: 2.12 M2

GENERATED: 01-13-99 01:18am
FOR PERIOD: 01-13-99 07:00
THROUGH: 01-14-99 06:59
ADMITTED: 01-09-99 11:50pm

PAGE: 1 OF 2

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MEDICATION ADMINISTRATION RECORD

NAME: WALTER, KEVIN
 ACCT: 969254909010
 AGE: 24yr
 DOB: DUKE, JAMES H. (T
 SEX: M
 HT: 152.40 cm
 WT: 122.46 kg
 BS: 12.12 M2
 ADMISSIONS: TRAUMA
 ALLERGIES: DIPHENHYDRAMINE

MR 3602-00
 SEX: M
 HT: 152.40 cm
 WT: 122.46 kg
 BS: 12.12 M2

GENERATED: 01-11-99 11:10pm
 FOR PERIOD: 01-12-99 07:00
 THROUGH: 01-13-99 06:59
 ADMITTED: 01-09-99 11:50pm

DIAGNOSIS: *#789.07

PAGE: 1 OF 1

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY	07:00-15:00	15:01-23:00	23:01-0
01-10 07 01-17 06	<i>ju</i>	AMPICILLIN 1GM (519811) NACL 0.9% 50ML FREQ: Q6 INFUSE @: 100 ML/HR KEEP REFRIGERATED	08 <i>gv</i> 14 <i>gv</i>	20 <i>PF</i>	(12)
01-10 16 02-09 15	<i>ju</i>	DEXTROSE 5%-NACL 0.45%-KCL 20MEQ 1000ML (521731) FREQ: Q8H INFUSE @: 125 ML/HR FLOORSTOCK ITEM	(16) 1400 <i>gv</i>	(16)	24
01-10 07 01-17 06	<i>ju</i>	GENTAMICIN 400MG (519813) NACL 0.9% 100ML FREQ: Q24 INFUSE @: 217.86 ML/HR KEEP REFRIGERATED	08 <i>gv</i>	B Q	
01-10 17 01-17 16	<i>ju</i>	HEPARIN 5000UNIT INJ SQ BID (521682)	08 <i>gv</i>	2100 <i>PF</i>	
11/12/99	<i>ju</i>	MS 2-4-8 8 3-4° PRN for severe pain	900 <i>gv</i> (1645) (1545)	1645 1545 2030 2245	0145 0445
11/12/99	<i>ju</i>	Vicodin i-ii ta 8 4° PRN			
		===== P R N O R D E R S =====			
01-10 16 02-09 15	<i>ju</i>	ACETAMINOPHEN 650MG TAB PO Q4HRN (521736) TEMP>38.5C SEE PR ORDER		2000 <i>gv</i>	
01-10 16 02-09 15	<i>ju</i>	ACETAMINOPHEN 650MG SUPP PR Q4HRN (521734) TEMP>38.5 SEE PO ORDER			
01-10 16 9 15	<i>ju</i>	PROMETHAZINE 12.500MG INJ IV Q3-4HRN (521681) IV/IM FOR NAUSEA AND VOMITING			
INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
<i>ju</i>	<i>Kevin M. Walter MD</i>	<i>ju</i>	<i>James H. Duke MD</i>	<i>ju</i>	<i>James H. Duke MD</i>



HERMANN HOSPITAL

MEDICATION ADMINISTRATION RECORD

NAME:
ACCT:

96 92549 0 9010

WALTER, KEVIN
BM Age 24y DOB 05/14/74
Visit/Admit Dt 01/10/99

602

292

START STOP	RECONCILE/ INITIALS	MEDICATION, DOSE, ROUTE, FREQUENCY			
1-12-99		Dantrolene 600mg QD IV			
1-12-99		Transfuse 24 PRBC NS FOR TRANSFUSION		21 pf	0215 PF
1/12		Dylenol 650mg each unit PO.		2000g	0200
1/12		Benadryl 25mg each unit P.O.			
INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE	INITIALS	NAME & PROFESSIONAL TITLE
		GN	John H. H. H.	PC	John H. H. H.
					52